<b>€</b> 2000	UNIFO	ORM BUSII	NESS REPO	RT	(UBR	k)	•		10/2		
DOCU 1. Entity Nam	MENT #	P990000		,	<del></del>		_	090566)  LED			
	,						00 SEP -6 P	M 12: 35			
Principal Place 3311 S.W. 581 OCALA FL 34			Mailing Address 3311 S.W. 58TH ST. OCALA FL 34474				SECHETARY OF STATE TALLAHASSEE. FEORIDA				
2. Principal P	Place of Business		3. Mailing Address Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State			4.	59-358-4691	No	phied For at Applicable		
Zip		Country	Zip	Cour	ntry	5.	Certificate of Status Desired	\$8.75 Add Fee Require			
	6. Name and	Address of Current Re	gistered Agent		7 Name and Address of New Registered Agent Name						
STERMER, ROBERT A 8585 S.W. HWY. 200 STE. 9 OCALA FL 34481					Street Add	Street Address (P.O. Box Number is Not Acceptable)					
	NLA FL 34401				City			Zip Code	e		
8. The above	named entity sul	omits this statement for the	ne purpose of changing its	register	ed office or re	egistered ag	gent, or both, in the State of Florida.				
SIGNATURE .	<u> </u>										
0 This		nted name of registered agent and	r		od Agent signature		einstating) OAT	<u> </u>			
<ol> <li>This corporation is eligible to satisfy its Intangible         Tax filing requirement and elects to do so.         (See criteria on back)     </li> </ol>			FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750 Make Check Payable to Department of Sta			e \$750.00	10. Election Campaign Financing Trust Fund Contribution.		O May Be I to Fees		
11.		OFFICERS AND DI	RECTORS	12.	· · · · ·	AC	DDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS	S IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOTTO, MARI 3311 S.W. 5 OCALA FL 3	8TH ST.	☐ Delete		i			☐ Change	☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTTO, CANI 3311 S.W. 5	DICE M 8TH ST.	☐ Delete	•	1		2000033389	□ Change   □ □ □ □   □ □ □ □ □	Addition 8		
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OCALA FL 3	44/4	Delete Delete	- TITL NAM STRE	E		****150.00	<u>*****150</u> □'Chänge	Addition		
TITLE NAME STREET ADDRESS			☐ Delete	TITL	E		18	☐ Change	Addition		
CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP			☐ Delete	TITLI NAM STRE		,	,	Change	Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Delete	TITLI NAM STRE	E			☐ Change	☐ Addition		
	ertify that the info	ormation supplied with th	is filing does not qualify for			d in Section	119.07(3)(i), Florida Statutes. I further	certify that the ir	formation		

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



## TIRE SAFE



## Post Office Box 770597 ~ Ocala ~ Florida ~ 34477-0597 1 (888) 628-8473 ~ 1 (352) 873-4474 FAX: 1 (352) 873-2341

September 1, 2000

Re:	Uniform	Business	Repor	rt		
_				<u> </u>	 -	•

To Whom it may Concern,

We received our initial Uniform Business Report in July. After looking it over briefly we noticed it was due by September 13. It was then filed in the business to due file for September. This being September 1st the file was pulled and put on our desk with the rest of business to be completed today.

After going over the Uniform Business Report, which we thought was due on September 13, 2000 we noticed that the document said second notice. We never received a first notice. When this came to our attention we immediately contacted your office and spoke to Steve. We informed him that we were a new Florida Corporation and this was our first experience at filing a report of this type. We explained we had never received the initial request to file.

Steve informed us that the Uniform Business Report forms are sent out sometime in January and should be received no later than March. He explained that since this is our first experience with this type of report we should send the annual report fee of \$61.25 and an additional annual supplement Corporate fee of \$88.75. for a total of \$150.00. He further advised us to mark it on our Calendar for next year to expect to receive the annual report no later than March of 2001. We have done this and will be on the lookout for this report in March 2001. If we do not receive this form by March per Steve's instructions we are to contact the office and request the form.

We appreciate the information, and your patients and help in this matter.

Sincerely,

Mark N. Otto

MNO/cmp