## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 16, 2001 8:00 am Secretary of State DOCUMENT # P98000107093 1. Entity Name ROAD TIRE SERVICE, INC. 04-16-2001 90250 011 \*\*\*158.75 Principal Place of Business Mailing Address P.O. BOX 2362 P.O. BOX 2362 PINELLAS PARK FL 33780 PINELLAS PARK FL 33780 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-3549179 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIMONS, DANIEL E Street Address (P.O. Box Number is Not Acceptable) 6903 CLINTON WAY **WESLEY CHAPEL FL 33544** Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition PD TITLE ☐ Delete TITLE Simons Daniel Enik KROVICH, LINNY NAME 20 BOX 2362 STREET ADDRESS STREET ADDRESS P.O. BOX 2362 N/A CITY-ST-ZIP Pirelles Perk, Fl CITY-ST-ZIP PINELLAS PARK FL 33780 Change ☐ Addition ☐ Delete TITLE TITLE Linny - KRUICH NAME NAME SIMONS, DANIEL ERIK STREET ADDRESS BOX 2362 STREET ADDRESS 6903 CLINTON WAY CITY-ST-ZIP WESLEY CHAPEL FL 33544 CITY-ST-7IP ☐ Delete TITLE **Change** Addition Beverly-Lynn Simons-SIMONS, BEVERLY LYNN NAME NAME Box 2362 STREET ADDRESS STREET ADDRESS 6903 CLINTON WAY Pin llos Part, F1 33780 CITY-ST-ZIP CITY-ST-ZIP WESLEY CHAPEL FL 33544 ☐ Change TITLE □ Defete TITLE □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 eath; 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:

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Donnel Simon

3-22-01

727-524 9544

Daytime Phone #

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