

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000087976

1. Entity Name

TIRE REMANUFACTURING, INC.

FILED

Apr 30, 2001 8:00 am  
Secretary of State

04-30-2001 90050 032 \*\*\*150.00

Principal Place of Business

Mailing Address

2759 WEST 5TH STREET  
STE #2  
JACKSONVILLE FL 32254  
US

2759 WEST 5TH STREET  
STE #2  
JACKSONVILLE FL 32254  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 593411621

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUSS, JOHN S IV  
10110 SAN JOSE BLVD.  
JACKSONVILLE FL 32257

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME HOWE, DEBORAH M  
STREET ADDRESS 830-13 A1A NO, #318  
CITY-ST-ZIP PONTE VEDRA BEACH FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 24621 Harbour View Drive  
CITY-ST-ZIP Ponte Vedra Beach, FL 32082

TITLE D ☐ Delete  
NAME HOWE, REX R  
STREET ADDRESS 830-13 A1A NO, #318  
CITY-ST-ZIP PONTE VEDRA BEACH FL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2759 W. Fifth Street  
CITY-ST-ZIP Jacksonville, FL 32254

TITLE D ☐ Delete  
NAME DUSS, JOHN S IV  
STREET ADDRESS 10110 SAN JOSE BLVD.  
CITY-ST-ZIP JACKSONVILLE FL 32257

TITLE ☐ Change ☒ Addition  
NAME CFO  
STREET ADDRESS Jim Fiedler  
CITY-ST-ZIP 2759 W. Fifth Street  
Jacksonville, FL 32254

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)