

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 29, 2003 8:00 am**  
**Secretary of State**

08-29-2003 90095 014 \*\*\*150.00

0013516 AV

**DOCUMENT # P96000052201**

1. Entity Name  
**EMPIRE TIRE, INC.**



Principal Place of Business  
**2301 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO FL 32801**

Mailing Address  
**2301 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO FL 32801**

2. Principal Place of Business  
**SAME AS ABOVE**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3386583**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CONTESTABLE, VINCENT A  
2301 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO FL 32801**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **CONTESTABLE, VINCENT A**  
STREET ADDRESS **2301 SOUTH ORANGE BLOSSOM TRAIL**  
CITY-ST-ZIP **ORLANDO FL 32801**

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

TITLE **V** ☐ Delete  
NAME **MCFADDEN, CLIFTON**  
STREET ADDRESS **2301 SOUTH ORANGE BLOSSOM TRAIL**  
CITY-ST-ZIP **ORLANDO FL 32801**

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

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TITLE ☐ Change ☐ Addition  
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NAME  
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**08-26-03**

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

80142187

#P960000052201

EMPIRE TIRE INC.

2301 S. Orange Blossom Trail  
Orlando, FL 32805  
Phone (407)649-4888  
Fax (407)649-2056

August 26, 2003

Division of Corporations  
P.O. BOX 1500  
TALLAHASSEE, FL 32303-1500

Dear Friend,

I am writing this letter to inform you that I never received the original notice for my 2003 uniform business report. I, however have completed the report and I will be including my check for one hundred fifty dollars. If you have any questions feel free to contact me personally @ 321 303 2096.

Sincerely,

Clifton J. McFadden Jr.  
V.P. Empire Tire Inc.

