

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 154384****1. Entity Name**  
**FLORIDA RUBBER & SUPPLY COMPANY****Principal Place of Business****1708 MARSHALL STREET  
PO BOX 3505  
JACKSONVILLE FL 32206****Mailing Address****P.O. BOX 3720  
JACKSONVILLE FL 32206-3720  
US****2. Principal Place of Business**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**3. Mailing Address**

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**4. FEI Number 59-1007046**

Applied For

Not Applicable

**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****HAMRICK JR., CHARLIE G.  
10092 LEISURE LANE SOUTH  
JACKSONVILLE FL 32256**

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** **VSD** ☐ Delete  
**NAME** **HAMRICK JR., CHARLIE G.**  
**STREET ADDRESS** **10092 LEISURE LANE S.**  
**CITY-ST-ZIP** **JACKSONVILLE FL****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** **PTD** ☐ Delete  
**NAME** **TINSLEY, CHARLES T III**  
**STREET ADDRESS** **5478 RIVER TRAIL RD N.**  
**CITY-ST-ZIP** **JACKSONVILLE FL****TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP****TITLE** ☐ Change ☐ Addition  
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**STREET ADDRESS**  
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**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:***C. Thomas Tinsley*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR****4/4/01**  
Date**904-386-5677**  
Daytime Phone #**FILED**  
**Apr 06, 2001 8:00 am**  
**Secretary of State**

04-06-2001 90014 034 \*\*\*150.00

**A0043167**

DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)