## **2000 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # **446992** Feb 16, 2000 8:00 am 1. Entity Name Secretary of State GRIMES TIRE COMPANY, INC. 02-16-2000 90127 030 \*\*\*150.00 Principal Place of Business Mailing Address 12150 US 301 12150 US 301 DADE CITY FL 33525 DADE CITY FL 33525-6021 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1515533 Not Applicable ~~Zip~ Country --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 IVIE. A.J. JR. Street Address (P.O. Box Number is Not Acceptable) 38100 MERIDIAN AVENUE DADE CITY FL 33525 7in 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 DATE 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 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) X Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE TITLE ☐ Addition ☐ Delete GRIMES JR., CHARLES T NAME NAME 37631 FAIRFIELD LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DADE CITY FL STD ☐ Change ☐ Addition ☐ Delete TITLE TITLE **GRIMES, BRIGITTE** NAME 37631 FAIRFIELD LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DADE CITY\*FL---☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Dølete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

T Grimes, Jr President

2/10/00