2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

623416 DOCUMENT

1. Entity Name



FILED Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90183 008 ***150.00

FACTORY TIRE OUTLET, INC.								
Principal Place of Business 2109 9TH ST. W. BRADENTON FL 34205		Mailing Address 2109 9TH ST. W. BRADENTON FL 34205						
2. Principal Place of Business		3. Mailing Address			-	HALL BIELL		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 59-1913381	Applied For Not Applicable		İ
Zip Country		Zip Country		у		\$8.75 Additional Fee Required		
····	6. Name and Address of Currer	nt Registered Agent			7. Name and Address of New Registered Age	ent		i
				Name				
GLASS, FRED W			-	Street Address (P.O. Box Number is Not Acceptable)				
903 19TH	AVE W							
PALMETT(O FL 34221				•			
				City	FL	Zip Co	de	
) <u></u>	/- N	-:	d affice as register		niliar with	and accept	
8. The above	named entity submits this statement ions of registered agent.	for the purpose of changing its re-	gistered	a office or register	red agent, or both, in the State of Florida. I am fam	IIIIÇII VYTLI	i, and accept	
1,1	ra rain not to				Commence on the state of the st	was en en d	militat income	200
SIGNATURE	Signature, typed or printed name of registered age	ent aart title (bandlicabile) (34) (NOTE: R	tegistered .	Agent signature required			39	19 m
19 5 1 200 2 3 3	3.5	· · · · · · · · · · · · · · · · · · ·	n Bar	atter of the state of	ES. A.	ate Section	CARL CAR	- g
F	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550.0			Her Mahamata 12 12	9. Election Campaign Financing	\$ 5.	00 May Be	
્રતાલ Make Check	r May 1, 2003 Fee Will be \$550.0 c Payable to Florida Department				Trust Fund Contribution.	Adde	ed to Fees	i
10.		ID DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND D	IRECTO	RS IN 11	
TITLE	VT	Delete	TITLE			Change		8
NAME	GLASS, CHI-LIN	_ Doloit	NAME			-		CR2E034 (10/02)
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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:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR