

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90377 048 ***150.00

DOCUMENT # F01000002471

1. Entity Name
LARAMIE TIRE COMPANY



Principal Place of Business
**1120 WELSH ROAD, SUITE 120
NORTH WALES PA 19454**

Mailing Address
**1120 WELSH ROAD, SUITE 120
NORTH WALES PA 19454**



2. Principal Place of Business

445 SW 52nd Ave

Suite, Apt., etc.
Suite 700

City & State
Orlando, FL

Zip
32804

Country
USA

3. Mailing Address

North Business Campus

Suite, Apt., etc.
2000 Campus Lane

City & State
East Northon, PA

Zip
19403

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **94-2977901**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
WIRE, DAN G
1120 WELSH ROAD, SUITE 120
NORTH WALES PA 19454** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
UENO, MASATO
1120 WELSH ROAD, SUITE 120
NORTH WALES PA 19454** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
PETERS, ELIZABETH
1120 WELSH ROAD, SUITE 120
NORTH WALES PA 19454** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
AOYAMA, KOJI
1120 WELSH ROAD, SUITE 120
NORTH WALES PA 19454** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WIRE, DAN G
1120 WELSH ROAD, SUITE 120
NORTH WALES PA 19454** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
ROY ARAKI
2000 CAMPUS LANE
EAST NORTHON, PA 19403** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**John R. Rigney
Secretary
2000 Campus Lane
East Northon, PA 19403** ☐ Change ☒ Addition

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

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

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

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 change.

SIGNATURE: _____

SIGNATURE REQUIRED **DAN G. WIRE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)