2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 08:00 AM
Secretary of State

DOCUMENT # **F08312**

1. Entity Name
NORTH MELBOURNE TIRE, INC.

Principal Place of Business	Mailing Address
1653 N US 1	% ROBERT L DEARMIN
	1754 HWY A1A
MELBOURNE FL	SATELLITE BEACH FL
32935 US	32937

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2054245** ☐ 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
DEARMIN, ROBERT L	Name: DEARMIN ROBERT LPRESIDE
1754 HWY A1A	Street Address (P.O. Box Number is Not Acceptable): 1754 HWY A1A
SATELLITE BEACH FL	City: SATELLITE BEACH **FL** Zip Code: 32937
32937 US	

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 **ROBERT L. DEARMIN** 04/30/2001
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	P	☐ Delete	TITLE	P	☒ Change ☐ Addition
NAME	DEARMIN, ROBERT L		NAME	DEARMIN ROBERT L	
STREET ADDRESS	3531 SAMUEL PLACE		STREET ADDRESS	3531 SAMUEL PLACE	
CITY-ST-ZIP	MELBOURNE, FL 00000		CITY-ST-ZIP	MELBOURNE FL 32934	
TITLE	ST	☐ Delete	TITLE	ST	☒ Change ☐ Addition
NAME	DEARMIN STEVEN R.		NAME	DEARMIN STEVEN R	
STREET ADDRESS	1754 S A1A		STREET ADDRESS	1754 S A1A	
CITY-ST-ZIP	SATELLITE BEACH FL		CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (11/00)

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: Steven R Dearmin ST 04/30/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #