

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F51628

1. Entity Name

CLYDE'S TIRE & BRAKE, INC.

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90058 046 ***150.00

Principal Place of Business

Mailing Address

207 N TEMPLE AVE
STARKE FL 32091
US

7117 NW 214TH ST
ALACHUA FL 32615-7010
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2134335

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHALEY, CLYDE
13725 MARTIN LUTHER KING BLVD
ALACHUA FL 32615

Name

Whaley, Clyde

Street Address (P.O. Box Number is Not Acceptable)

207 N Temple Ave

City

Starke

FL

Zip Code

32091

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

Clyde Whaley
Signature, typed or printed name of registered agent and title if applicable.

Clyde Whaley
(NOTE: Registered Agent signature required when reinstating)

3/13/00
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, 2000 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 ☐ Delete
NAME DP
STREET ADDRESS WHALEY, CLYDE
CITY-ST-ZIP 7117 NW 214TH ST
ALACHUA FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
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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:

Clyde Whaley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Clyde Whaley

Date

Daytime Phone #

3-13-00

CR2E034 (9/99)