

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90045 039 ***150.00

DOCUMENT # F94082

1. Entity Name

BIELLING'S TIRE #2, INC.



Principal Place of Business

104 W DUVAL ST
LAKE CITY FL 32055
US

Mailing Address

104 W DUVAL ST
LAKE CITY FL 32055
US

2. Principal Place of Business

166 WEST DUVAL ST

3. Mailing Address

166 WEST DUVAL ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2207993

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BIELLING, RONALD G
104 W DUVAL ST
LAKE CITY FL 32025

7. Name and Address of New Registered Agent

Name

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

166 WEST DUVAL

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, 2004 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 VP ☐ Delete
NAME BIELLING, JAMES CARLTON
STREET ADDRESS RT 5 BOX 4380
CITY-ST-ZIP LAKE BUTLER FL

TITLE DP ☐ Delete
NAME BIELLING, RONALD G
STREET ADDRESS RT 3 BOX 173
CITY-ST-ZIP LAKE BUTLER, FL 00000

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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

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:

Ronnie G. Bielling RONNIE G. BIELLING

02.27.04

Date

(386) 755-0248

Daytime Phone #