

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002853

1. Entity Name

~~SO. RECAPS, INC.~~

SOUTHERN TIRE COMPANY

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90219 012 ***150.00

Principal Place of Business

Mailing Address

290-B HARPER BLVD
MOULTRIE GA 31768
US

POST OFFICE BOX 1627
MOULTRIE GA 31776-1627
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

58-1270437

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

COOPER, JEFFREY B
10100 BAY MEADOWS RD APT 1111
JACKSONVILLE FL 32256

Name

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

9137 MORNINGTON DRIVE

City

JACKSONVILLE, FL

FL

Zip Code

32257

* PLEASE NOTE ADDRESS CHANGE

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

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, 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 V ☐ Delete
NAME COOPER, HUGH D
STREET ADDRESS 931 JOHN BUCK MCCOY ROAD
CITY-ST-ZIP MOULTRIE GA 31768

TITLE SEC/TREAS ☐ Change ☒ Addition
NAME COOPER, ROBERT L.
STREET ADDRESS 7427 GA HWY 133 SOUTH
CITY-ST-ZIP MOULTRIE, GA 31768

TITLE P ☐ Delete
NAME COOPER, WILLIS E
STREET ADDRESS RT 2 BOX 267
CITY-ST-ZIP QUITMAN GA

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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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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 a address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)