01-14-2003 90046 033 ***150.00
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN 31 PM 4:15

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000003776

1. Entity Name
Treadcorp, Ltd., Inc.

DO NOT WRITE IN THIS SPACE

90002066

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
5815 SE Federal Hwy	(Same as #2)
Suite, Apt. #, etc. #41	Suite, Apt. #, etc.
City & State Stuart, FL	City & State
Zip 34997 Country Martin	Zip Country

4. FEI Number 65-0656620 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hayes Street

City: Tallahassee FL Zip Code: 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	Scott Treadway, Pres. 5815 SE Federal Hwy. #41 Stuart, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Arrun Treadway, V.P. 5815 SE Federal Hwy #41 Stuart, FL 34997
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Scott Treadway for Treadcorp Ltd 1-9-02 772 220 3245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1/31