2000 UNIFORM BUSINESS REPORT (UBR)

Jan 20, 2000 8:00 am Secretary of State DOCUMENT # **G58994** 1. Entity Name TIRE WHEEL & AUTOMOTIVE "TWA", INC. 01-20-2000 90166 018 ***150.00 Mailing Address Principal Place of Business 8930 N. 56TH ST. 8930 N 56TH ST. P.O. BOX 75638 STE 301 TEMPLE TERRACE FL 33617 TEMPLE TERRACE FL 33617-6209 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2332567 Not Applicable Zip Country Ζip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RAYMOND J. PROCH Street Address (P.O. Box Number is Not Acceptable) 8930 N. 56TH ST. **STE 301 TEMPLE TERRACE FL 33617** FL 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. 1-6-2000 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition Delete TITLE PROCH, RAYMOND J. NAME STREET ADDRESS 6142 CAROLINE DRIVE STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL FL CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME PROCH, MARY C. NAME STREET ADDRESS 6142 CAROLINE DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESLEY CHAPEL FL · Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE: Plant Winted NAME OF STANING OFFICER OR DIRECTOR Date Date Date

CITY-ST-ZIF

CR2E034 (9/99)