

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G68710

1. Entity Name  
**PANHANDLE TIRE DISTRIBUTORS, INC.**

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90005 002 \*\*\*150.00

Principal Place of Business  
**PARK ROAD, ST. GEORGE ISLAND  
P.O. BOX 583  
EAST POINT FL 32328**

Mailing Address  
**PARK ROAD, ST. GEORGE ISLAND  
P.O. BOX 583  
EAST POINT FL 32328**

2. Principal Place of Business  
**517 E. Private Rd.**

3. Mailing Address  
**P.O. Box 583**

Suite, Apt. #, etc.

City & State  
**St. George Island FL.**

City & State  
**Eastpoint FL**

Zip  
**32328**

Country  
**Franklin**

Zip  
**32328**

Country  
**Franklin**

4. FEI Number **59-2347263**

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

**FISH, KENNETH G.  
PRIVATE RD.  
EAST POINT FL 32328**

Name  
**517 E. Private Rd.**

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

City **St. George Island** FL Zip Code **32328**

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 \_\_\_\_\_ (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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FISH, KENNETH G. PRIVATE ROAD PO BOX 583 EASTPOINT FL 32328</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>517 E. Private Rd. St. George Island, FL. 32328</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **[Signature]** 1-12-00 850 510-1011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)