2001 UNIFORM BUSINESS REPORT (UBR)

Jan 25, 2001 8:00 am DOCUMENT # H33445 **Secretary of State** 1. Entity Name RETREAD CORPORATION OF FLORIDATING 01-25-2001 90184 001 ****64.50 01-25-2001 90184 002 ****85.50 Principal Place of Business Mailing Address 2301 PARK AVE 2301 PARK AVE 20103 SUITE 406 SUITE 406 ORANGE PARK FL 32073 ORANGE PARK FL 32073 2. Principal Place of Business 3. Mailing Address 462 Kingsley Avenue <u>462 Kingslev Avenue</u> Suite, Apt. #, etc. Suite 101 Suite, Apt. #, etc. Suite 101 DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2466071 Orange Park, Florida Orange Park, Florida Not Applicable 320**73** Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required <u> 32073</u> USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Tolson, John F. Jr. TOLSON, JOHN F JR Street Address (P.O. Box Number is Not Acceptable) 462 Kingsley Avenue 2301 PARK AVE SUITE 406 ORANGE PARK-FL-32073 Suite_101 Orange Park, ^z32073 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1 11. TITLE ☐ Change ☐ Delete TITLE TOLSON, JOHN F JR Tolson, John F. Jr. with a same of NAME NAME 2301 PARK AVE., STE 406 STREET ADDRESS STREET ADDRESS 462 Kingsley Avenuer, Arthur 1, 12 Orange Park, Florida 32073 CITY-ST-ZIP **ORANGE PARK FL 32073** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREFT ADDRESS STREET ADDRESS CUTY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 an address, with all other like empowered.

JOHN F. TOLSON IR PRES.

SIGNATURE:

Date 1/9/2001 (904) 269-0050