

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H48637

1. Entity Name

K-S TIRE AND AUTOMOTIVE, INC.

Principal Place of Business

14324 N. DALE MABRY HWY
TAMPA FL 33618

Mailing Address

14324 N. DALE MABRY HWY
TAMPA FL 33618-2018

2. Principal Place of Business

14324 N. Dale Mabry Hwy
Suite, Apt. #, etc.

3. Mailing Address

14324 N. Dale Mabry Hwy
Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-2523487

Applied For

Not Applicable

Zip

33618

Country

Hillsborough

Zip

33618

Country

Hillsborough

5. Certificate of Status Desired ☐

\$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

MONEY, TOM
2409 EAST SECON AVE
STE F
TAMPA FL 33605

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

TITLE P ☐ Delete
NAME KAUFFMAN, JOHN H.
STREET ADDRESS 4847 CLARK HOWELL HIGHWAY
CITY-ST-ZIP COLLEGE PARK GA

TITLE VPS ☐ Delete
NAME SHAW, EARL R
STREET ADDRESS 4847 CLARK HOWELL HWY
CITY-ST-ZIP COLLEGE PARK GA

TITLE T ☐ Delete
NAME KAUFFMAN, MARK
STREET ADDRESS 4847 CLARK HOWELL HWY
CITY-ST-ZIP COLLEGE PARK GA

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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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 an address, with all other like empowered.

SIGNATURE:

Mark Kauffman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/00

Date

404 762-4944

Daytime Phone #

CR2F034 (9/99)