2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2003 8:00 am
Secretary of State
04-25-2003 90222 047 ***150.00

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DOCUMENT # H91254

1. Entity Name
FLORIDA AIRCRAFT TIRE SERVICE, INC.

Principal Place of Business	Mailing Address
3604 CENTURY BLVD LAKELAND FL 33811-1376	3604 CENTURY BLVD LAKELAND FL 33811-1376

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: Suite D	Suite, Apt. #, etc.: Suite D
City & State:	City & State:
Zip: Country:	Zip: Country:

4. FEI Number 59-2613168 ☐ 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
PARKS, JOHN PAUL %WENDEL, CHRITTON & PARKS, Chartered 5300 S FLORIDA AVE LAKELAND FL 33813	Name: John F. Wendel Street Address (P.O. Box Number Is Not Acceptable): SAME 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: John F Wendel JOHN F WENDEL DATE: May 15, 2003
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
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD BATES, SUE E K 5050 SOUTHWIND DR MULBERRY FL 33860	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President/Treasurer	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD BATES, RICHARD D 5050 SOUTHWIND DR MULBERRY FL 33860	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President/General manager	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BATES, JOHN R D 724 INTERLACHEN PKWY LAKELAND FL 33801	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DODDS, KEITH S 3142 HENDERSON CIR E LAKELAND FL 33803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sue E Bates REQUIRED — 4-23-03 — 863-647-1481
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #