

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J34501

1. Entity Name

LYNN STRICKLAND TIRE, INC.-MIAMI

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90059 045 ***163.75

Principal Place of Business

Mailing Address

CHANGE

P.O. BOX 420188
MIAMI FL 33242-0188

P.O. BOX 420188
MIAMI FL 33330-4128

2. Principal Place of Business

3. Mailing Address

3850 NW 30 AVE.

11761 SWS9 CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MIAMI FL

City & State
COOPER CITY FL

4. FEI Number 59-2720908

Applied For
Not Applicable

Zip Country
33142 U.S.A.

Zip Country
33330 U.S.A.

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

DECKER, HAROLD R.
11761 S.W. 59TH COURT
COOPER CITY FL 33330

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

SAME

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME PRESTON, TRAMMEL J.
STREET ADDRESS 5332 WOODFORD DRIVE
CITY-ST-ZIP BIRMINGHAM AL ☐ Delete

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

TITLE STD
NAME DECKER, HAROLD R.
STREET ADDRESS 11761 S.W. 59TH COURT
CITY-ST-ZIP COOPER CITY FL ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

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 **Harold R. Decker V.P.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HAROLD R. DECKER V.P. 954.434.3265

2/8/00

Daytime Phone #

CR2E034 (9/99)