

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90046 019 ***158.75

0390682

DOCUMENT # J34501
 1. Entity Name
LYNN STRICKLAND TIRE, INC.-MIAMI

Principal Place of Business Mailing Address
 3850 NW 30 AVE 11761 SW 59 CT
 MIAMI FL 33142 ~~COOPER CITY FL 33330~~

2. Principal Place of Business 3. Mailing Address
3850 NW 30 AVE **1528 S.W. LAKEVIEW DR.**

City & State City & State
MIAMI FL **SEBRING FL**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2720908** 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
DECKER, HAROLD R. **DECKER, HAROLD R.**
1761 S.W. 59TH COURT Street Address (P.O. Box Number is Not Acceptable)
COOPER CITY FL 33330 **1528 S.W. LAKEVIEW DR.**
 City City **SEBRING** FL Zip Code
33142 **DADE** **33870** **HIGHLANDS** **33870**

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 **HAROLD R. DECKER V.P.** *Harold R. Decker V.P.* DATE **1/9/01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	PD PRESTON, TRAMMEL J. 5332 WOODFORD DRIVE BIRMINGHAM AL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DECKER, HAROLD R. 1761 S.W. 59TH COURT COOPER CITY FL CHANGE	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> 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.** *Harold R. Decker V.P.* Date **1/9/01** Daytime Phone # **863 385-2657**

CR2E034 (10/00)