

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J34501

1. Entity Name
LYNN STRICKLAND TIRE, INC.-MIAMI

Principal Place of Business
3850 NW 30 AVE
MIAMI FL 33142

Mailing Address
11761 SW 59 CT
COOPER CITY FL 33330

3850 NW 30 AVE

2. Principal Place of Business

3. Mailing Address
1528 S.W. LAKEVIEW DR.

Suite, Apt. #, etc.
MIAMI FL

Suite, Apt. #, etc.
SEBRING FL

City & State

City & State

Zip
33142

Country
DADE

Zip
33870

Country
HIGHLANDS

6. Name and Address of Current Registered Agent

4. FEI Number 59-2720908

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

DECKER, HAROLD R.
14761 S.W. 59TH COURT
COOPER CITY FL 33330

Name
DECKER, HAROLD R.
Street Address (P.O. Box Number is Not Acceptable)
1528 S.W. LAKEVIEW DR.
City SEBRING FL Zip Code 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. 1/9/01
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, 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	PRESTON, TRAMMEL J.	
STREET ADDRESS	5332 WOODFORD DRIVE	
CITY-ST-ZIP	BIRMINGHAM AL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	DECKER, HAROLD R.	
STREET ADDRESS	14761 S.W. 59TH COURT	
CITY-ST-ZIP	COOPER CITY FL	CHANGE
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Harold R. Decker HAROLD R. DECKER V.P. 1/9/01 385-2657
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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

01-19-2001 90046 019 ***158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)