FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jan 08, 2001 8:00 am Secretary of State **DOCUMENT # J46429** 1. Entity Name FLOTATION TIRE OF BELLE GLADE, INCORPORATED 01-08-2001 90049 044 ***150.00 Principal Place of Business Mailing Address 700 N.W. AVENUE L. 700 N.W. AVENUE L. ≡ ---BELLE GLADE FL 33430 BELLE GLADE FL 33430 00000507 2. Principal Place of Business 3. Mailing Address = DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2769173 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CURTISS, DONALD E. Street Address (P.O. Box Number is Not Acceptable) 700 NW AVENUE L **BELLE GLADE FL 33430** City 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 DATE 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. **=** 2 8 1 CR2E034 (10/00) Change Addition Delete TITI F CURTISS, DONALD E. NAME NAME STREET ADDRESS 12671 BUCKLAND ST STREET ADDRESS CITY-ST-ZIP WELLINGTON FL CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME KELLEY, JUDITH C. NAME STREET ADDRESS STREET ADDRESS **425 SE 4TH ST** CITY-ST-ZIP CITY-ST-ZIP SOUTH BAY FL ☐ Delete ☐ Addition TITLE TITLE ■. 🔡 **CURTISS, DONALD E** NAME STREET ADDRESS STREET ADDRESS 12671 BUCKLAND ST CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and that my signature shall have the same legal effect as if made under oath; that I am an officer or director in the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the indicated on this report mation supplied with t ipplemental report is eiver or trustee empo of the corporation or the changed, or on an attac 1015

SIGNATURE:

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Donald E. Curtiss 561-996-4533