

FILED
May 02, 2002 8:00 am
Secretary of State
05-02-2002 90141 048 ***150.00

1. Entity Name
CAROLINE TIRE, INC.

Mailing Address
2132 INDIAN RD
WEST PALM BEACH FL 33409

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip	Country
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Not Applicable

-5- Certificate of Status Desired - ☐ **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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 _____ 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, 2002 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
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TITLE	P	<input type="checkbox"/> Delete
NAME	AUTEN, JOHN	
STREET ADDRESS	5066 WOODSTONE CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL	


TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	John Auten		
STREET ADDRESS	172 Park Rd N.		
CITY - ST - ZIP	Royal Palm Beach FL 33411		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Susan Auten		
STREET ADDRESS	5066 Woodstone Cir. N.		
CITY-ST-ZIP	Lake Worth FL 33463		

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	 Delete
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"/> Delete
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"/> Delete
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: Susan Auten Susan Auten 4/15/02 561 640-0856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #