

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2000 8:00 am
Secretary of State
 04-05-2000 90076 036 ***150.00

DOCUMENT # J86532

1. Entity Name

FLORIDA TIRE, INC.

Principal Place of Business

% DOUGLAS R. BOLT
 6974 W. COLONIAL DRIVE
 ORLANDO FL 32818

Mailing Address

% DOUGLAS R. BOLT
 6974 W. COLONIAL DRIVE
 ORLANDO FL 32818-6830

2. Principal Place of Business

3502-4 Old Winter Garden Rd

3. Mailing Address

3502-4 Old Winter Garden Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Orlando FL

City & State
Orlando FL

4. FEI Number **59-2849826**

Applied For

Not Applicable

Zip **32805**

Country **USA**

Zip **32805**

Country **USA**

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

BOLT, DOUGLAS RAYMOND
6974 W. COLONIAL DRIVE
ORLANDO FL 32818

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3502-4 Old Winter Garden Rd

City **Orlando**

FL

Zip Code **32805**

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 **Douglas R Bolt President**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3-30-00

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

TITLE **PSD** ☐ Delete
 NAME **BOLT, DOUGLAS RAYMOND**
 STREET ADDRESS **5608 BAYSIDE DR.**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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 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:

Douglas R Bolt
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-30-00 4075323499

CR2E034 (9/99)