

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90773 046 ***158.75

DOCUMENT # **J86532**

1. Entity Name

Florida Tire, INC

DO NOT WRITE IN THIS SPACE

641652

2. Principal Place of Business

3502 Old Winter Garden Rd

3. Mailing Address

Suite, Apt. #, etc. **SAME**

Suite, Apt. #, etc. **Suite D**

City & State **Orlando FL**

City & State

Zip **32805**

Country **USA**

Zip

Country

4. FEI Number **59-2849826**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

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**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Douglas R Bolt**

Street Address (P.O. Box Number Is Not Acceptable)
3502 Old Winter Garden Rd.

Suite D

City **Orlando**

FL

Zip Code
32805

☒ 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

4-15-02

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 **President**
NAME **Douglas R Bolt**
STREET ADDRESS **5608 Bayside Dr**
CITY-ST-ZIP **Orlando FL 32819**

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CR2E034B (12/01)

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 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

4-15-02

Date

Daytime Phone #