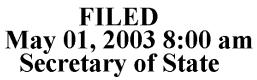
## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR)** DOCLIMENT # THE



1. Entity Name TYRE BUILDING CORPORATION							05-01-2003 90798 046 ***150.00	
Principal Place of Business 26450 S.W. 167TH AVE. HOMESTEAD FL 33031			Mailing Address 26450 S.W. 167TH AVE. HOMESTEAD FL 33031				To the state of th	
2. Principal F	Place of Business	3. Mail	3. Mailing Address					
Suite, Apt.	#, etc.	Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES	
City & Stat	te		City & State				4. FEI Number 65-0130212 Applied For Not Applicable	
Zip	Country Zip C		Cour	ntry		5. Certificate of Status Desired		
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent	
ADAIR, PE	ERRY				Name			
432 WASHINGTON AVE.					Street Address (P.O. Box Number is Not Acceptable)			
HOMESTEAD FL 33030								
					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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOW!!! FEE®IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State							9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Faes	
10.		AND DIRECTO	RS	11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Delete TYRE, PHIL 26450 S.W. 167TH AVENUE HOMESTEAD FL 33031		STRE	ITLE AME TREET ADDRESS ITY-ST-ZIP		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	NAM STRE	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	1			☐ Change ☐ Addition -	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		ſ		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ni Si			ſ		☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS			☐ Delete		E ET ADDRESS	_	Change Addition .	
CITY-ST-ZIP	<u></u>			CITY	- ST- ZIP			

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: