CR2F034 (9/99)

2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 30, 2000 8:00 am Secretary of State **DOCUMENT # L06196** 1. Entity Name ALLIED TIRE SALES, INC. 03-30-2000 90059 013 ***158.75 Principal Place of Business Mailing Address 3320A MAGGIE BOULEVARD 3320A MAGGIE BOULEVARD ORLANDO FL 32811 ORLANDO FL 32811-6607 3. Mailing Address 2. Principal Place of Business 7001 Lake Ellenor Dr. 7001 Lake Ellenor Dr. Suite, Apt. #. etc. Suite 150 DO NOT WRITE IN THIS SPACE Suite Apt. # etc. 4. FEI Number Applied For orlanda, fl Orlando, FL 59-2967230 Not Applicable Zip 32809-5792 Country Country \$8.75 Additional 5. Certificate of Status Desired 32809-5792 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CAPITAL CONNECTION, INC. Street Address (P.O. Box Number is Not Acceptable) 417 E VIRGINIA ST #1 TALLAHASSEE FL 32301 City Zip Code FL 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) 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, 2000 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 12. 11, **PCEO** ★ Addition C/D TITLE Delete TITLE Change HUNNELL. ROBERT H JR WILLIAM J. SHARP NAME NAME 3320A MAGGIE BLVD STREET ADDRESS STREET ADDRESS 7001 LAKE ELLENOR, STE. 150 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ORLANDO FL 32809 Change ★ Addition X Delete TITLE TITLE RICHARD L. CAHOON STEPHEN R. McCLELLAN NAME STREET ADDRESS 3320 A MAGGIE BLVD STREET ADDRESS 7001 LAKE ELLENOR, STE. 150 CITY-ST-7IP CITY-ST-ZIP ORLANDO FL ORLANDO FL 32809 TITLE ☐ Change X Addition TITLE Delete JAMES GÁLOPPO STEPHANIE W. BERGERON NAME NAME STREET ADDRESS 3320 A MAGGIE BLVD STREET ADDRESS 7001 LAKE ELLENOR, STE. 150 CITY-ST-ZIP ORLANDO FL CITY-ST-7IP ORLANDO FL 32809 ☐ Delete ☐ Change X Addition TITLE TITLE NAME NAME BYKE R. NUGENT STREET AODRESS STREET ADDRESS 7001 LAKE ELLENOR, STE. 150 CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32809 ☐ Change X Addition TITLE ☐ Delete TITLE DAVID E. DOHNAL NAME NAME STREET ADDRESS STREET ADDRESS 7001 LAKE ELLENOR, STE. 150 CITY-ST-ZIP CITY - ST - ZIP ORLANDO FL 32809 Change X Addition Delete TITLE TITLE NAME NAME JOHN E. PEER STREET ADDRESS STREET ADDRESS 7001 LAKE ELLENOR, STE. 150 CITY-ST-ZIP CITY-ST-ZIP ORLANDO_ ${f FL}$ 32809

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.

Stephen R. McClellan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407/854-4300

Daytime Phone #