

ENTERED JAN 21 2000

0/20/00 90098 007 \$150.00 \$150.00

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2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L33161

1. Entity Name

BARRON'S WHOLESALE TIRE, INC. ✓

FILED

00 OCT 24 PM 1:53

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

479 HECKSCHER DR.  
JACKSONVILLE FL 32226

479 HECKSCHER DR.  
JACKSONVILLE FL 32226-2603

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2983975

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BARRON, DAVID S  
479 HECKSCHER DR.  
JACKSONVILLE FL 32226

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 resigning)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS BARRON, DAVID S. 6656 RAMOTH DRIVE JACKSONVILLE FL 32226 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

*David Barron*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

DR E03 (1/00)

**Barron's**  
**WHOLESALE TIRE, INC.**



October 16, 2000

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
Attn: Sean Toner

Re: 59-2983975

Dear Mr. Toner,

As per our conversation, Barron's Wholesale Tire, Inc. received a Notice of Administrative Dissolution or Revocation today. I am enclosing a copy of document L33161, and a copy of the cancelled check dated 2/1/00 in the amount of \$150.00.

Due to temporary misplacement of our check, the State did not cash it until June 20.

Please abate any penalty or interest and reinstate this Corporation, as the return was filed timely.

If you need further information, or have any questions, please call.

Sincerely,

A handwritten signature in cursive script that reads "Dorinne Comerford".

Dorinne Comerford  
904-751-2449 ext. 28