FILED Feb 09, 2001 8:00 am Secretary of State

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L93474 1. Entity Name HILLSBORO TIRE AND AUTO CENTER, INC.						Secretary of State 01-23-2001 90121 001 ***150.00					
Principal Place of Business 4589 WEST HILLSBORO BOULEVARD COCONUT CREEK FL 33073		Mailing Address 4589 WEST HILLSBORD BOULEVARD COCONUT CREEK FL 33073									
2. Principal Pla Suite, Apt. #	ace of Business	3. Mailing Address 1509 LYONS Suite, Apt. #, etc.	ROAL)	DO NOT WRITE IN THIS SPACE						
City & State		City & State COCONUT CREEK FLORIDA			4. F	FEI Number	65-021046	 9		oplied For	
Zip · Country		Zip 33063	ry	5. Certificate of Status Desired S8.75 Additional Fee Required							
4589	SKY, LLOYD W. HILLSBORO BLVD. DNUT CREEK FL 33173	Name Street A 150			ess (P.O. Box Number Is Not Acceptable) LYONS ROAD ONUT CREEK FL Zip Code 33963						
SIGNATURE	named entity submits this statement for the signature, typed or printed name of registered agent and relation is eligible to satisfy its Intangible adjurrement and elects to do so, a on back)		E Registered	office or register Agent signature require IS \$150.00 will be \$550.00	ored ag	ent, or both, in election	the State of Flo Campaign Fir nd Contributio	DATE DATE	\$5.0	D May Be	
11.	OFFICERS AND D	<u></u>	12.			I DITIONS/CHA	NGES TO OFF	ICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORETSKY, LLOYD 4589 W. HILLSBORO BLVD. COCONUT CREEK FL	☐ Deleta	спү-	ET ADDRESS ST-ZIP					☐ Change	Addition	
name Street adoress City-St-Zip	D ORETSKY, JUDY 4589 W. HILLSBORO BLVD. COCONUT CREEK FL	C Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ORETSKY, JOSHUA 4589 W. HILLSBORO BLVD. COCONUT CREEK FL	☐ Delete	100		· 	· <u></u>	· · · · · · ·		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORETSKY, TODD 4589 W. HILLSBORO ROAD COCONUT CREEK FL	☐ Delets		I					☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		I			<u></u>		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete .	CITY-	ET ADDRESS ST-ZIP				·	Change	Addition Addition	
	erify that the information supplied with the on this report or supplemental veport is trooration or the receiver or trusted empower or on an attachment with an archress, with	ue and accurate and that need to execute this report half other ke empowered.	ny signat as requir ·	ure shall have the ed by Chapter 60				e appears	in Block 11 c	or Block 12 if	
SIGNATI	URE: SIGNATURE AND TIPED OR PER	FIED HAME OF SIGNING OFFICER			10/	0/	Date	954	975 01 Daylime Phone #	***	