

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001862

1. Entity Name

MOBILE TIRE RECYCLING, L.L.C.

Principal Place of Business

2908 WEST MAIN STREET
WHISTLER AL 36612

Mailing Address

2908 WEST MAIN STREET
WHISTLER AL 36612

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

LEE, BILLE
1695 HIGHWAY 98 WEST, #101
MARY ESTHER FL 32549

7. Name and Address of New Registered Agent

Name

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 reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

700004422557--4
-06/15/01--01064--012
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR WALKER, BRIAN P
STREET ADDRESS 2908 WEST MAIN STREET
CITY-ST-ZIP WHISTLER AL 36612 ☐ Delete

TITLE NAME MGR NORMAN, ED
STREET ADDRESS 2908 WEST MAIN STREET
CITY-ST-ZIP WHISTLER AL 36612 ☐ Delete

TITLE NAME MGR LAURENDINE, CHASE R
STREET ADDRESS 2908 WEST MAIN STREET
CITY-ST-ZIP WHISTLER AL 36612 ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

01 JUN -4 PM 12:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)

4/30/01 334.457.7811