

2000 UNIFORM BUSINESS REPORT (UBR)

4/21

FILED

May 17, 2000 8:00 am
Secretary of State

04-20-2000 90074 029 ***150.00

DOCUMENT # M82249

1. Entity Name

PRO TIRE, INC.

Principal Place of Business

% PAUL E. JOHNSON
2306 EDGEWOOD AVE.
LEESBURG FL 34748-6233

Mailing Address

% PAUL E. JOHNSON
2306 EDGEWOOD AVE.
LEESBURG FL 34748-6233

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2890008**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

JOHNSON, PAUL E.
2306 EDGEWOOD AVE.
LEESBURG FL 32748

7. Name and Address of New Registered Agent

Name **MICHAEL D. NORVELL, JR.**
Street Address (P.O. Box Number is Not Acceptable)
149 EAST SEMINOLE
City **EUSTIS, FL** Zip Code **32726**

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 *Michael D. Norvell Jr.*

(NOTE: Registered Agent signature required when reinstating)

DATE **5/9/00**

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, PAUL E.	
STREET ADDRESS	2306 EDGEWOOD AVE.	
CITY-ST-ZIP	LEESBURG FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, GERALD W.	
STREET ADDRESS	2306 EDGEWOOD AVE.	
CITY-ST-ZIP	LEESBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL D. NORVELL, JR.	
STREET ADDRESS	149 EAST SEMINOLE	
CITY-ST-ZIP	EUSTIS, FL 32726	
TITLE	SEC. TREAS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRUCE A. EDWARDS	
STREET ADDRESS	1356 PETERS DR.	
CITY-ST-ZIP	LEESBURG, FL 34748	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: *Bruce A. Edwards*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-14-00 (352) 365-2282

Date Daytime Phone #