

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -1 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000000644

1. Entity Name

TIRE CENTERS, LLC

Principal Place of Business Mailing Address

Akron, OH
300 N. Cleveland-Massillon Rd.
Suite 200
Akron, OH 44333-2484

2. Principal Place of Business

300 N. Cleveland-Massillon Rd

3. Mailing Address

300 N. Cleveland-Massillon Rd

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Akron, OH

City & State

Akron, OH

4. FEI Number

58-2462533

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

Zip
44333-2484

Country

United States of America

Zip

44333-2484

Country

United States of America

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT Corporation System
c/o CT Corporation System
1200 S. Pine Island Rd.
Plantation, FL 33324

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

9. MANAGING MEMBERS/MEMBERS

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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Chairman/CEO/Manager
STREET ADDRESS	James M. Micali
CITY-ST-ZIP	One Parkway South Greenville, SC 29615
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	President/Manager
STREET ADDRESS	Scott Snyder
CITY-ST-ZIP	300 N. Cleveland-Massillon Rd, Suite 200 Akron, OH 44333-2484
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Manager
STREET ADDRESS	Peri Martin
CITY-ST-ZIP	One Parkway South Greenville, SC 29615
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	

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:

Scott W Snyder

SCOTT SNYDER

4/28/2000

330-668-8804

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (11/99)