

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 04, 2004 8:00 am**  
**Secretary of State**

03-04-2004 90014 008 \*\*\*150.00

<b>DOCUMENT # P00000018095</b>	
1. Entity Name GOLD COAST TIRE OF FT. LAUDERDALE, INC.	



Principal Place of Business 1509 LYONS RD. COCONUT CREEK, FL 33063 <i>1210E COMMERCIAL BLVD FT. LAUDERDALE, FL 33334</i>	Mailing Address 1509 LYONS RD. COCONUT CREEK, FL 33063
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J4003100



02132004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0985088	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  ORETSKY, LLOYD 1509 LYONS RD COCONUT CREEK, FL 33063
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**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ORETSKY, LLOYD 1509 LYONS RD. COCONUT CREEK, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ORETSKY, JUDITH 1509 LYONS RD. COCONUT CREEK, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ORETSKY, JOSHUA 1509 LYONS RD. COCONUT CREEK, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ORETSKY, TODD 1509 LYONS RD. COCONUT CREEK, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:** *[Signature]* *J ORETSKY* *26561 954475-0588*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #