

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90712 031 \*\*\*150.00

DOCUMENT # P00000024217

1. Entity Name  
TIRES-4-RENT, INC.



Principal Place of Business  
5829 E COLONIAL DR  
ORLANDO FL 32807

Mailing Address  
6123 PORPOISE LANE  
ORLANDO FL 32822

2. Principal Place of Business

3. Mailing Address

1523 Ensenada Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

Country

32825

Country

4. FEI Number 59-3629716

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANSFIELD, JANE  
6123 PORPOISE LANE  
ORLANDO FL 32822

Name

JANE MANSFIELD - McDowell

Street Address (P.O. Box Number is Not Acceptable)

1523 Ensenada Dr.

City

Orlando

FL

Zip Code

32825

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, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
MANSFIELD, JANE  
6123 PORPOISE LN  
ORLANDO FL 32822 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
JANE MANSFIELD - McDowell  
1523 Ensenada Dr.  
Orlando, FL 32825 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
MCDOWELL, CHARLES  
6123 PORPOISE LN  
ORLANDO FL 32822 ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

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☐ Change ☐ Addition

TITLE  
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☐ Delete

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

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-03 (407) 380-2822

Date

Daytime Phone #

CR2E034 (10/02)