## 2001 UNIFORM BUSINESS REPORT (UBR)

## Jan 26, 2001 8:00 am DOCUMENT # P0000044798 **Secretary of State** GLUECK'S TIRE AND AUTOMOTIVE, INC. 01-26-2001 90101 014 \*\*\*150.00 Principal Place of Business Mailing Address 410 N. TAMIAMI TR. 410 N. TAMIAMI TR. OSPREY FL 34229 OSPREY FL 34229 2. Principal Place of Business 3. Mailing Address 4801 Preymore Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable 65-1006290 Osprey, Florida Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GLUECK, DIANE <u> Diane Glueck</u> Street Address (P.O. Box Number is Not Acceptable) 410 N. TAMIAMI TR. OSPREY FL 34229 4801 Preumore Street City Zip Code Ospreu 8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Diane Glueck SIGNATURE <u> January 200</u>1 (NOTE: Registered Agent signature required when reinstating) nd title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Change . Addition ☐ Delete NAME NAME Albert William Glueck, Jr. STREET ADDRESS STREET ADDRESS 216 Pine Ranch East Road CiTY-ST-ZIP CITY-ST-ZIP Osprey FL 34229 ☐ Defete TITLE ☐ Addition TITLE ☐ Channe S/T Diane Glueck NAME NAME STREET ADDRESS STREET ADDRESS 216 Pine Ranch East Road CITY-ST-ZIP CITY-ST-ZIP Osprey F1. 34229 ☐ Addition ☐ Delete TITLE TITLE Albert William Glueck, III NAME NAME 216 Pine-Ranch=Road\_East STREET ADDRESS STREET ADDRESS Osprey FL 34229 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 actions with all other like empowered.