

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90975 014 ***158.75

DOCUMENT # P00000067309

1. Entity Name
EAST COAST TIRE & AUTOMOTIVE, INC.



Principal Place of Business
4311 NE 11TH TERR.
POMPANO BCH FL 33064

Mailing Address
4311 NE 11TH TERR.
POMPANO BCH FL 33064

2. Principal Place of Business

1879 S State Road 7

Suite, Apt. #, etc.

3. Mailing Address

1879 S State Road 7

Suite, Apt. #, etc.

City & State

Ft. Lauderdale

City & State

Ft. Lauderdale

Zip
33317

Country
USA

Zip
33317

Country
USA

4. FEI Number **65-1027591**

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

HYDE, JAMES K. JR.
4311 NE 11TH TERR.
POMPANO BCH FL 33064

7. Name and Address of New Registered Agent

Name **Jose Mesar**
Street Address (P.O. Box Number is Not Acceptable) **2640 S. University DR. #107**
City **Davie** **FL** **Zip Code** **33328**

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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ **Delete**
NAME **HALLECK, THOMAS W**
STREET ADDRESS **2437 SW 30TH AVE.**
CITY-ST-ZIP **FT. LAUDERDALE FL 33312**

TITLE **VSTD** ☒ **Delete**
NAME **HYDE, JAMES K JR.**
STREET ADDRESS **4311 NE 11TH TERR.**
CITY-ST-ZIP **POMPANO BCH FL 33064**

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES** ☐ **Change** ☒ **Addition**
NAME **JOSE MESAR (Jose Mesar)**
STREET ADDRESS **2640 S. UNIVERSITY DR. #107**
CITY-ST-ZIP **DAVIE, FL 33328**

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

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

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/6/03

CR2E034 (10/02)