2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name USA TIRE, INC. OF CH	P01000082442
	HARLOTTE COUNTY



FILED Jan 13, 2003 8:00 am Secretary of State

USA TIRE, INC. OF CHARLOTTE COUNTY						01-13-2003 90119 003 ***150.00			
Principal Place of Business 7051 ALICO RD 7051 ALICO RD FT MYERS FL 33912 Mailing Address 7051 ALICO RD FT MYERS FL 33912									
2. Principal	Place of Business	3. Ma	ailing Address						
Suite, Ap	Suite, Apt. #, etc. Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES			
City & St	City & State City & State					4. FEI Number 65-1133424 Applied For			
Zip	Country	Zip	-	Country		5. Certificate of Status Desired	\$8.75	Not Applicab	
	6. Name and Address of Curr	ent Register	ed Agent	<u> </u>			Fee Requ	ired	
				Name		7. Name and Address of New Registered	Agent		
VASBINDER, BUDDY E 7051 ALICO RD				Street A	Street Address (P.O. Box Number is Not Acceptable)				
FT MYER	S. FL 33912								
				City		FI	Zip Co	ode	
8. The above	e named entity submits this statemer	nt for the purp	ose of changing its	registered office or	registere	ed agent, or both, in the State of Florida. I am	-		
SIGNATURE						e a a a a a a a a a a a a a a a a a a a	reminer wit	n, and accep	
	Signature, typed or printed name of registered a	gent and title if app	licable. (NOT	E: Registered Agent signatu	re required v	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 ed to Fees	
10.	OFFICERS AI	ND DIRECTO	RS	11.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTO	BS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VASBINDER, BUDDY E 7051 ALICO RD FT MYERS FL 33912		Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	÷		☐ Change	Addition	
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition	
CITY-ST-ZIP	×		☐ Delete	CITY-ST-ZIP			☐ Change	Addition	
IAME TREET ADDRESS HTY-ST-ZIP				NAME STREET ADDRESS CITY-ST-ZIP			□ Onduge	□ waanaa	
ITLE IAME TREET ADDRESS ITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		Change	☐ Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS	 		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 changed, or on an attachment with an address, with at other like empowered.

SIGNATURE:

Daytime Phone #