

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90341 047 ***150.00

DOCUMENT # P02000019056

1. Entity Name
BAY AREA INDUSTRIAL TIRE, INC.



Principal Place of Business
**8164 STATE RD. 33 NORTH
LAKELAND FL 33809**

Mailing Address
**8164 STATE RD. 33 NORTH
LAKELAND FL 33809**



2. Principal Place of Business

3. Mailing Address

P.O. Box 36

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Polk City, FL

4. FEI Number

02-0556906

Applied For

Not Applicable

Zip

Country

Zip

Country

33868

USA

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

**RHOADES, CLIFFORD R
8164 STATE RD. 33 NORTH
LAKELAND FL 33809**

Name

James D. Ramey

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

4863 Lake Juliana Reserve Dr.

City

Auburndale

FL

Zip Code

33823

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 **JAMES D. RAMEY**
Signature, typed or printed name of registered agent and title if applicable.

James D. Ramey
(NOTE: Registered Agent signature required when reinstating)

4/17/03
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 **D** ☐ Delete
NAME **RAMEY, JAMES**
STREET ADDRESS **P. O. BOX 36**
CITY-ST-ZIP **POLK CITY FL 33868**

TITLE **P** ☐ Change ☐ Addition
NAME **Ramey, James**

TITLE **D** ☐ Delete
NAME **RAMEY, CATHERINE**
STREET ADDRESS **P. O. BOX 36**
CITY-ST-ZIP **POLK CITY FL 33868**

TITLE **S** ☐ Change ☐ Addition
NAME **Ramey, Catherine**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Catherine Ramey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/03 863-984-5722

CR2E034 (10/02)