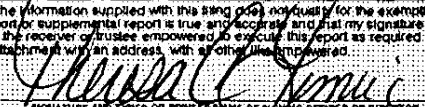


FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91047 014 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

000/4007

DOCUMENT # P02000026514			
1. Entity Name RUBBER DEPOT, INC.			
Principal Place of Business 1266 S. PINELLAS AVE. TARPON SPRINGS, FL 34689		Mailing Address 1266 S. PINELLAS AVE. TARPON SPRINGS, FL 34689	
2. Principal Place of Business 975 Florida Avenue		3. Mailing Address P.O. Box 838	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Palm Harbor, FL		City & State Palm Harbor, FL	
Zip 34682		Zip 34682	
Country Pinellas		Country Pinellas	
4. FEI Number 04-3612572		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 JOSEPH, JUSTIN G ESQ 1266 S. PINELLAS AVE TARPON SPRINGS, FL 34689		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  DATE: 3-26-03			
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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
☐ Delete		☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		President Theresa C. Limric 727 Samantha Drive Palm Harbor, FL	
☐ Delete		☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Secretary Theresa C. Limric 727 Samantha Drive Palm Harbor, FL	
☐ Delete		☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Treasurer David L. Limric 727 Samantha Drive Palm Harbor, FL	
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
☐ Delete		☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
☐ Delete		☐ Change ☐ Addition	
TITLE 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(5)(1), 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 attached list with an address, with all other like information.			
SIGNATURE: 		Date: 3-26-03 Copying Phone # 727-772-6893	