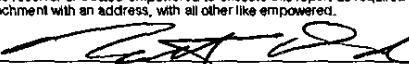


FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90743 032 ***150.00

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

DOCUMENT # P02000029919			
1. Entity Name INFINITY TIRES & ACCESSORIES, INC.			
Principal Place of Business 701 N WABASH AVE LAKELAND, FL 33815		Mailing Address 701 N WABASH AVE LAKELAND, FL 33815	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent WADE, MATTHEW 701 N WABASH AVE LAKELAND, FL 33815		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 4/2/03 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when alternating.)			
FEE NOW (11) 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			
TITLE	D ☐ Delete		
NAME	WADE, S. KEIF		
STREET ADDRESS	701 N WABASH AVE		
CITY-ST-ZIP	LAKELAND, FL 33815		
TITLE	D ☐ Delete		
NAME	WADE, MATTHEW		
STREET ADDRESS	701 N WABASH AVE		
CITY-ST-ZIP	LAKELAND, FL 33815		
TITLE	D ☐ Delete		
NAME	WADE, STEVEN B		
STREET ADDRESS	701 N WABASH AVE		
CITY-ST-ZIP	LAKELAND, FL 33815		
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	☒ Change ☐ Addition		
NAME	WADE, S. KEIF		
STREET ADDRESS	701 N WABASH AVE		
CITY-ST-ZIP	LAKELAND, FL 33815		
TITLE	☐ Change ☐ Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	☐ Change ☐ Addition		
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)(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 attachment with an address, with all other like empowered.			
SIGNATURE: 		DATE: 4/2/03 PHONE: 823-648-1336	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE DAYTIME PHONE #	

90123168



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **02-0595704** ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E034 (1/02)