

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/16

FILED
Feb 14, 2003 8:00 am
Secretary of State

01-16-2003 90098 025 ***150.00

DOCUMENT # P02000122043

1. Entity Name
TAMPA BAY WHOLESALE TIRE CORP



Principal Place of Business
175 FOREST LAKES BLVD
OLDSMAR FL 34677

Mailing Address
175 FOREST LAKES BLVD
OLDSMAR FL 34677



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1657888

Applied For

Not Applicable.

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ROMAN, JOSE I
175 FOREST LAKES BLVD
OLDSMAR FL 34677

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 obligation of the 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 ☐
Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	YOUNG, JOHN H	
STREET ADDRESS	175 FOREST LAKES BLVD	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FENNELL, JAMES F	
STREET ADDRESS	175 FOREST LAKES BLVD	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	FENNELL, CAMILLE N	
STREET ADDRESS	175 FOREST LAKES BLVD	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	S/T	<input type="checkbox"/> Delete
NAME	YOUNG, LINDA F	
STREET ADDRESS	175 FOREST LAKES BLVD	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

JAMES F. FENNELL

1/14/03 (813) 854-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)