FILED
Jun 18, 2003 8:00 am
Secretary of State
06-18-2003 90021 043 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000131225

1. Entity Name
COMMERCIAL TIRES UNLIMITED, INC.

Principal Place of Business	Mailing Address
6050 PLAZA DR.	6050 PLAZA DR.
FT. MYERS, FL 33905	FT. MYERS, FL 33905

[redacted]

2. Principal Place of Business	3. Mailing Address
4615 Enterprise Ave	4615 Enterprise Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Naples FL	City & State: Naples FL
Zip: 34104 Country: USA	Zip: 34104 Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 43-1995995 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired X $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
AARON, MILTON
6050 PLAZA DR.
FT. MYERS, FL 33905

7. Name and Address of New Registered Agent
Name: Michael O. Wagner
Street Address (P.O. Box Number is Not Acceptable): 1230 Reserve Way # 204
City: Naples FL Zip Code: 34105

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: Michael O. Wagner 4-25-03
DATE

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	PD AARON, MILTON 38 PAROT CT. FT. MYERS, FL 33912	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD Michael O. Wagner 1230 Reserve Way #204 Naples FL 34105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~V George Hilton~~ ~~36 ... Ct~~ ~~Ft. Myers FL 33912~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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 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: Michael O. Wagner 4-25-03 239-910-3871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)