

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 23, 2001 8:00 am**  
**Secretary of State**

03-23-2001 90018 031 \*\*\*150.00

**DOCUMENT # P33795**

1. Entity Name

**SUMMIT TIRE AND BATTERY, INC.**

Principal Place of Business

**780 W. LUMSDEN AVE..  
STE A  
BRANDON FL 33511**

Mailing Address

**780 W. LUMSDEN AVE..  
STE A  
BRANDON FL 33511**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**62-1094386**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	PERSCHBACHER, DON	
STREET ADDRESS	2200 MARKET STREET	
CITY-ST-ZIP	DENVER CO	

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

TITLE	STD	<input type="checkbox"/> Delete
NAME	DISNEY, STEVE	
STREET ADDRESS	721 E. JEFFERSON ST.	
CITY-ST-ZIP	LOUISVILLE KY	

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISNEY, STEVE	
STREET ADDRESS	721 E. JEFFERSON ST	
CITY-ST-ZIP	LOUISVILLE, KY	

TITLE	P	<input type="checkbox"/> Delete
NAME	WILSON, BRAD	
STREET ADDRESS	2100 THEMIS STREET	
CITY-ST-ZIP	CAPE GIRARDEAU MO	

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, BRAD	
STREET ADDRESS	2100 THEMIS STREET	
CITY-ST-ZIP	CAPE GIRARDEAU, MO	

TITLE	D	<input type="checkbox"/> Delete
NAME	BRAWLEY, THOMAS B	
STREET ADDRESS	P O BOX 460 N/A	
CITY-ST-ZIP	MINNEAPOLIS MN	

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	HARRIS, KEN JR.	
STREET ADDRESS	1100 SL BRUNDIDGE ST	
CITY-ST-ZIP	TROY AL	

TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, KEN JR	
STREET ADDRESS	1100 S. BRUNDIDGE ST	
CITY-ST-ZIP	TROY, AL	

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)