2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000026395

FILED
Feb 13, 2000 8:00 am
Secretary of State
02-13-2000 90021 037 ***158.75

1. Entity Name
TRACK & TIRE, INC.

Principal Place of Business	Mailing Address
12238 W STANDISH DR HOMOSASSA FL 34448 US	PO BOX 4710 HOMOSASSA SPRINGS FL 32926-4037 US

2. Principal Place of Business	3. Mailing Address
2951 SR 520	2951 SR 520
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: COCOA FL	City & State: COCOA FL
Zip: 32926 Country: BREVARD	Zip: 32926 Country: BREVARD

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3234849 — 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
ESTES, ROY 2951 STATE ROAD 520 COCOA FL 32926	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, 2000 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 PD NAME ESTES, ROY STREET ADDRESS 12238 W STANDISH DR CITY-ST-ZIP HOMOSASSA FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VPST NAME ESTES, DEBBIE STREET ADDRESS 12238 W STANDISH DR CITY-ST-ZIP HOMOSASSA FL	☐ 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

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 like empowered.

SIGNATURE: SIGNATURE REQUIRED — 2-2-2000 — 321-633-9313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)