2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 03, 2001 8:00 am DOCUMENT # P94000091231 **Secretary of State** DON'S TIRE DC AUTOMOTIVE, INC. 02-03-2001 90031 011 ***150.00 Principal Place of Business Mailing Address 4145 WHIDDEN BLVD #5&6 4145 WHIDDEN BLVD #5&6 CHARLOTTE HARBOR FL 33980 CHARLOTTE HARBOR FL 33980 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0575908 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OAKS, DAVID K Street Address (P.O. Box Number is Not Acceptable) 252 W MARION AVE PUNTA GORDA FL 33950 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) Addition ☐ Delete ☐ Change TITLE TITLE ALBERTSON, DON NAME NAME 27048 OMNI LANE STREET ADDRESS STREET ADDRESS **PUNTA GORDA FL 33983** CITY-ST-7IP CITY-ST-7IP STD Addition ☐ Change ☐ Delete TITLE TITLE BENNER, WARREN NAME NAME STREET ADDRESS 158 BUCKEYE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PORT CHARLOTTE FL 33952 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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 attachmen) with an address, with all other like empowered.

INTED NAME OF SIGNING OFFICER OF