

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90092 004 \*\*\*150.00

DOCUMENT # P 95000069201  
1. Entity Name  
CASH 4 TIRES USA, INC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
6856 SW CR-158  
Suite, Apt. #, etc.

3. Mailing Address  
6856 SW-CR-158  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State JASPER FLA City & State JASPER 4. FEI Number NOT APPLICABLE Applied For  Not Applicable

Zip 32052 Country U.S.A. Zip 32052 Country U.S.A. 5. Certificate of Status Desired  \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name HALL JAY W  
Street Address (P.O. Box Number is Not Acceptable) 6856 SW CR-158  
City JASPER FL Zip Code 32052

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 \_\_\_\_\_ (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.  January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>HALL JAY W.</u> <u>6856 SW CR-158</u> <u>JASPER, FL 32052</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>KAYWAY DAVID C.</u> <u>RR#4 (6648) AMHERSTBURG</u> <u>ONT, CANADA N9V 2Y9</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>BEAUDOIN CHARLES L.</u> <u>RR#3 (4480) WINDSOR.</u> <u>ONTARIO CANADA N9A 6Z6</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Charles L. Beaudoin Date April 25/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)