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

DOCUMENT # P95000069201

1. Entity Name

CASH 4 TIRES USA, INC.



## **FILED** Jul 15, 2004 8:00 am Secretary of State 07-15-2004 90007 010 \*\*\*150.00

DO NOT WRITE IN THIS SPACE				44048	44048841	
2. Principal Place of Business		3. Mailing Address				
6856 SW CR 158		6856 SW CR 158				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT	DO NOT WRITE IN THIS SPACE	
City & State		City & State		4. FEI Number		
Jasper, FL		Jasper, FL		45-05261		
Zip 32052	Country USA	Zip 32052	Country USA	5. Certificate of Status Desir	red  \$8.75 Additional Fee Required	
				7. Name and Address of Current Registered Agent		
endragen er i Skriver og det skriver er i Skriver og det skriver er i	tana di salah di salah sal Salah salah sa		Name HA	LL, JAY W.		
	DO NOT V	VRITE		ess (P.O. Box Number is Not Accep	table)	
	IN THIS S	PACE				
A		TO THE TOTAL STATE OF THE STATE		56 SW County Rd	. 158	
	A STATE OF THE STATE OF		City <b>l</b> Ja	sper	FL Zip Code 32052	
		t for the purpose of changing			of Florida. I am familiar with, and accept	
the obligat	ions of registered agent.					
SIGNATURE .						
	Signature, typed or printed name of registered ag	ent and title if applicable. (	NOTE: Registered Agent signature re	quired when reinstating)	DATE	
	nuary 1 - May 1. Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Payable to Florida Department	of State		Election Campaige     Trust Fund Contrib		
10.		ND DIRECTORS				
TITLE	D		TITLE			
NAME	Hall, Jay W.		NAME			
STREET ADDRESS	0030 PM CK 138		STREET ADDRESS	La Albania de la Francia		
CITY-ST-ZIP	Jasper, FL 320	52	CITY ST-ZIP			
TITLE	D		TITLE:			
NAME STREET ADDRESS	Kryway, David C.		NAME STREET ADDRESS			
CITY-ST-ZIP	TANA (0040) Millerschurg,		CITY ST-ZIP			
TITLE	D D	1177 217	g IIILE	Carlo William Million Name of the St.		
NAME	Beaudoyn, Charle	es L.	NAME			
STREET ADDRESS	RR#3 (4480) Winds	sor,	STREET ADDRESS	DO NO	TWRITE	
CITY-ST-ZIP	Ontario, Canada	N9A6Z6	CITY-ST-ZIP	טא טע	I MIKITE	
TITLE			TITLE	IN THIS	SPACE	
NAME			NAME	The state of the s		
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CITY-ST-ZIP			CITY-ST-ZIP			
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NAME			NAME		A STATE OF THE STA	
STREET ADDRESS			STREET ADDRESS		Mary Market Company of the Company o	
CITY-ST-ZIP			CITY-ST-ZIP			

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 on an attachment with an addless, with all there like empowered.

SIGNATURE

7/13/04 (386) 792-3646

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

STATE OF FLORIDA

COUNTY OF HAMILTON

Attachments
At 195000069201
44048841

I did not receive any notification regarding the Uniform Business Report.

Personally Known to me. SWORN TO AND SUBSCRIBED BEFORE ME THIS THE 13th DAY OF July

COMMISSION EXPIRES:

Official Seal Karen B. Dedge OTARY PUBLIC, STATE OF PLORIDA Commission No.: DD 193142