

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2002 8:00 am
Secretary of State

05-19-2002 90161 001 ***150.00

DOCUMENT # P96000010911

1. Entity Name

EXPRESS BRAKE INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

3890 NW GAINESVILLE RD.
OCALA FL 344753890 NW GAINESVILLE RD.
OCALA FL 34475

91820



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3840 N.W. Gainesville Rd

3840 N.W. Gainesville Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ocala FL

Ocala FL

4. FEI Number

59-3384215

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

KRUMM, WALTER E
 3201 NE 9TH ST.
 Ocala FL 34470

Delete

Name

Marty C. Brooks

Street Address (P.O. Box Number is Not Acceptable)

6190 N.E. 185th Terrace

City
Williston

FL

Zip Code
32696

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 Marty C. Brooks

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

(NOTE: Registered Agent signature required when reinstating)

6-3-2002

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, 2002 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** ☒ Delete
 NAME **KRUMM, WALTER E**
 STREET ADDRESS **3201 NE 9TH ST.**
 CITY-ST-ZIP **OCALA FL 34470**

TITLE **D** ☒ Change ☐ Addition
 NAME **Oliveras, Ted**
 STREET ADDRESS **4950 N.W. 75th Ave**
 CITY-ST-ZIP **Ocala FL 34482**

TITLE **P** ☐ Delete
 NAME **OLIVERAS, TED**
 STREET ADDRESS **4950 NW 75TH AVE.**
 CITY-ST-ZIP **OCALA FL 34482**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2002 (352) 629-4267

Date

Daytime Phone #

CR2E034 (9/01)