## 2000 UNIFORM BUSINESS REPORT (UBR) FILED May 30, 2000 8:00 am Secretary of State DOCUMENT # **P96000017313** 1. Entity Name BIG TIRE, INC. 05-30-2000 90070 008 \*\*\*150.00 Principal Place of Business Mailing Address 319 NORTH BYRON BUTLER PARKWAY 319 NORTH BYRON BUILER-PARKWAY PERRY FL\_32347" PERRY FL 32347-2300 2. Principal Place of Business 3. Mailing Address 951 HW4 27 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3414635 ERR Not Applicable \$8.75 Additional 5. Certificate of Status Desired П 844100 Fee Required D44/01 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPANJER, RODGER H (P.O. Box Number is Not Acceptable) 319 NORTH BYRON BUTLER PARKWAY **PERRY FL 32347** Zip Code 4234 8. The above named entity submits tbls-etatement for the purpose of changing its registered office or registered agent, or both, in the State of Florida **SIGNATURE** 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PVST** TITLE TITLE ☐ Delete NAME SPANJER, RODGER H NAME 1951 E. HWY27 STREET ADDRESS STREET ADDRESS 319 NORTH BYRON BUTLER PARKWAY CITY-ST-ZIP CITY-ST-ZIP **PERRY FL 32347** □ Delete TITLE NAME SPANJER, RODGER H NAME STREET ADDRESS STREET ADDRESS 319 NORTH BYRON BUTLER PARKWAY CITY-ST-ZIP CITY-ST-ZIP **PERRY FL 32347** ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 embowered 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.

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SPANDER-PRES