2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 23, 2000 8:00 am Secretary of State DOCUMENT # **P96000026655** GLOBAL TIRE RECYCLING OF SUMTER COUNTY, INC. 03-23-2000 90033 034 ***150.00 Principal Place of Business Mailing Address 1201 INDUSTRIAL DR. 1201 INDUSTRIAL DR. WILDWOOD FL 34785 WILDWOOD FL 34785-5202 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City, & State 65-0663701 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HALE, R ALAN Street Address (P.O. Box Number is Not Acceptable) 633 S ANDREWS AVE, 3RD FL W. BROWARD BLUD FT LAUDERDALE FL 33301 Zip Code 373/7 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) Signature, typed or printed name of registered agent and title if applicable 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **CPTS** ☐ Defete Addition TITLE TITLE FIFER, BRIAN R NAME 419 SW 31 ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change Addition Delete TITLE TITLE FIFER, BRIAN R NAME NAME STREET ADDRESS STREET ADDRESS 419 SW 31 ROAD CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Addition ☐ Delete TITLE Change TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME . , STREET ADDRESS STREET ADDRESS 1.19 4 CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED MAME

Daytime Phone #