2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2002 8:00 am
Secretary of State
02-04-2002 90126 012 ***150.00

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DOCUMENT # P96000026655

1. Entity Name
GLOBAL TIRE RECYCLING OF SUMTER COUNTY, INC.

Principal Place of Business	Mailing Address
1201 INDUSTRIAL DR. WILDWOOD FL 34785 US	1201 INDUSTRIAL DR. WILDWOOD FL 34785 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0663701 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HALE, R ALAN
6101 W BROWARD BLVD
PLANTATION FL 33317

7. Name and Address of New Registered Agent

Name R. BRIAN FIFER
Street Address (P.O. Box Number is Not Acceptable) 419 SW 31 ROAD
City MIAMI FL Zip Code 33129

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 R. Brian Fifer R.BRIAN FIFER, PRES/CEO 1-10-02
Signature, typed or printed name of registered agent and title if applicable. (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. (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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CPTS FIFER, BRIAN R 419 SW 31 ROAD MIAMI FL	☐ Delete	R. BRIAN FIFER MIAMI, FL 33129	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FIFER, BRIAN R 419 SW 31 ROAD MIAMI FL	☐ Delete	R. BRIAN FIFER MIAMI, FL 33129	☐ Change ☐ Addition
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CR2E034 (9/01)

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.

352-330-2213

SIGNATURE: SIGNATURE REQUIRED R. BRIAN FIFER, PRES/CEO 1-10-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #