

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90055 016 ***150.00

DOCUMENT # P96000070320

1. Entity Name
TYRE BENEFIT & INVESTMENT SERVICES, INC.

Principal Place of Business

1611 SOUTHCREST COURT
 BRANDON FL 33510
 US

Mailing Address

10307 CASA PALARMO DR
 4
 RIVERVIEW FL 33569
 US

2. Principal Place of Business

10307 CASA PALARMO DR

3. Mailing Address

10307 CASA PALARMO DR

Suite, Apt. #, etc.

4

Suite, Apt. #, etc.

4

City & State

RIVERVIEW FL.

City & State

RIVERVIEW FL.

Zip

33569

Country

US

Zip

33569

Country

US

4. FEI Number **59-3407880**

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

TYRE, D CRAIG
1611 SOUTHCREST COURT
BRANDON FL 33510

Name

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

City

FL

Zip Code

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

D. Craig Tyre

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

(NOTE: Registered Agent signature required when reinstating)

4-25-01

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, 2001 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	D TYRE, CRAIG D 1611 SOUTHCREST CT. BRANDON FL 33510	<input checked="" type="checkbox"/> Delete ADDRESS ONLY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TYRE, CRAIG D 10307 CASA PALARMO DR. #4 RIVERVIEW, FL. 33569	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

D. Craig Tyre
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01

Date

813-635-9069

Daytime Phone #

CR2E034 (10/00)