

2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000088541

1. Entity Name
SPECIALTY TIRES OF FLORIDA INC.



Principal Place of Business
3083 SEAGATE CIR
MERRITT ISLAND, FL 32953

Mailing Address
3083 SEAGATE CIR
MERRITT ISLAND, FL 32953

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01212004

Chg-P

CR2E034 (10/03)

4. FEI Number

59-3408459

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LEHMANN, ROY G
3083 SEAGATE CIR
MERRITT ISLAND, FL 32953

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LEHMANN, ROY G 3083 SEAGATE CIR MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LEHMANN, MARGARET J 3083 SEAGATE CIR MERRITT ISLAND, FL 32953	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YOUSE, PATRICIA J 3083 SEAGATE CIR MERRITT ISLAND, FL 32953	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

see attached
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

04 JAN 20 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



500027484785
01/23/04--01015--003 ***150.00



Division of Corporations

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Document Number
P96000088541
Business Entity Name
SPECIALTY TIRES OF FLORIDA INC.

FEI Number **593408459**
FEI Number Status ☐ Applied For ☐ Not Applicable ☒ Current
Certificate of Status Desired ☐ Yes ☒ No \$8.75 each

Principal Place of Business

Address **3083 SEAGATE CIR**
Suite, Apt. #, etc. _____
City, State **MERRITT ISLAND**, **FL**
Zip Code & Country **32953** _____

Mailing Address

Address **3083 SEAGATE CIR**
Suite, Apt. #, etc. _____
City, State **MERRITT ISLAND**, **FL**
Zip Code & Country **32953** _____

Name And Address of Registered Agent

Name (Last, First, Middle, Title) **LEHMANN**, **ROY**, **G**
-or- RA Business Name _____
Address **3083 SEAGATE CIR**
Suite, Apt. #, etc. _____
City, State **MERRITT ISLAND**, **FL**
Zip Code & Country **32953** **US**

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature _____

3044



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Document Number

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Business Entity Name

SPECIALTY TIRES OF FLORIDA INC.

Election Campaign Financing Trust Fund Contribution ☐ Yes ☒ No

Officer/Director Name And Address

Title DV
Name (Last, First, Middle, Title) LEHMANN ROY G
-or- Entity Name
Street Address 3083 SEAGATE CIR
City, State MERRITT ISLAND, FL
Zip Code & Country 32953

Title DST
Name (Last, First, Middle, Title) LEHMANN MARGARET J
-or- Entity Name
Street Address 3083 SEAGATE CIR
City, State MERRITT ISLAND, FL
Zip Code & Country 32953

Title P
Name (Last, First, Middle, Title) WELLS PATRICIA J
-or- Entity Name
Street Address 3083 SEAGATE CIR
City, State MERRITT ISLAND, FL
Zip Code & Country 32953

Title
Name (Last, First, Middle, Title)
-or- Entity Name
Street Address

484

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

☐ List more than six Officers/Directors ☒ No additional Officers/Directors to list

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

Sec/

Officer/Director Signature Margaret J Lehmann

Continue

Reset

Start Over

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