

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90034 042 ***150.00

DOCUMENT # P98000041336

1. Entity Name
TIRE EXPORT CORPORATION

Principal Place of Business
**660 9TH STREET NORTH SUITE 32B
 NAPLES FL 34102**

Mailing Address
**660 9TH STREET NORTH SUITE 32B
 NAPLES FL 34102**

2. Principal Place of Business
NAPLES, FLA
 Suite, Apt. #, etc.

3. Mailing Address
660 9TH ST NORTH
 Suite, Apt. #, etc.
32B

City & State

City & State
NAPLES, FLORIDA

4. FEI Number **59-2562799**

Applied For
 Not Applicable

Zip Country

Zip Country
34102 COLLIER

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

**TRACEY, PATRICK N
 660 9TH STREET NORTH SUITE 32B
 NAPLES FL 34102**

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 _____
 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, 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	D	<input type="checkbox"/> Delete
NAME	TRACEY, PATRICK N	
STREET ADDRESS	660 9TH STREET NORTH SUITE 32B	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRACEY, MARGARET E	
STREET ADDRESS	660 9TH STREET NORTH SUITE 32B	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRACEY, PATRICK A	
STREET ADDRESS	660 9TH STREET NORTH SUITE 32B	
CITY-ST-ZIP	NAPLES FL 34102	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 another like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PATRICK A. TRACEY

4/30/2001

Date

Daytime Phone #

CR2E034 (10/00)