2002 UNIFORM BUSINESS REPORT (UBR)

May 21, 2002 8:00 am Secretary of State DOCUMENT # P98000047228 1. Entity Name 05-21-2002 91128 032 ***150 00 K & T TIRE & AUTO OF TAMPA, FL AVE., INC. Principal Place of Business Mailing Address 9932 NORTH FLORIDA AVE. 5105 A. EAST FOWLER AVE. **TAMPA FL 33617 TAMPA FL 33612** 2. Principal Place of Business 3. Mailing Address 2622 MANOR DAY DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3513682 valpico . Fl Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KENNETH A BELCHER, KENNETH A Street Address (P.O. Box Number is Not Acceptable) 2622 MANSR 6AF DRIVE 5105 A EAST FOWLER AVE **TAMPA FL 33617** VALPICO for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE gistered 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DPT TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME BELCHER, KENNETH A STREET ADDRESS STREET ADDRESS 2622 MANOR OAK DR. CITY-ST-ZIP CITY-ST-ZIP VALRICO FL 33594-5619 ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME BELCHER, TIFFANIE D STREET ADDRESS STREET ADDRESS 2622 MANOR OAK DRIVE VALRICO FL 33594-5619 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition 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 supply mental 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 trusteer improved to oxecute 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 attact/next with an applicase, syntial other like empowered.

KENDETH A. BEICHER

SIGNATURE:

FILED