

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 12, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000095280**1. Entity Name
NORTH CITY TIRE, INC.

Principal Place of Business

115 W. COLUMBIA AVE.

KISSIMMEE
34741

FL

Mailing Address

115 W. COLUMBIA AVE.

KISSIMMEE
34741

FL

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

59-3554092

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HADLEY ELIZABETH
2369 WHISPERING MAPLE DR.ORLANDO
32837

US

FL

7. Name and Address of New Registered Agent

Name

HADLEY ELIZABETH

Street Address (P.O. Box Number is Not Acceptable)
4221 BELL TOWER COURTCity
ORLANDO

FL

Zip Code
32812

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)

09/12/2001

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

TITLE	VPD	☐ Delete
NAME	PHILLIPS TIMOTHY	
STREET ADDRESS	1525 HEATHER WAY	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	STD	☐ Delete
NAME	HADLEY ELIZABETH	
STREET ADDRESS	2369 WHISPERING MAPLE DR.	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	PD	☐ Delete
NAME	HADLEY JEFFREY	
STREET ADDRESS	2369 WHISPERING MAPLE DR.	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	STD	☒ Change ☐ Addition
NAME	HADLEY ELIZABETH	
STREET ADDRESS	4221 BELL TOWER COURT	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	PD	☒ Change ☐ Addition
NAME	HADLEY JEFFREY	
STREET ADDRESS	4221 BELL TOWER COURT	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 all other like empowered.

SIGNATURE: Elizabeth Hadley

STD

09/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)