

Reinstatement
2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045138

1. Entity Name

ROOSEVELT BRIDGE TIRE & AUTO, INC.

Principal Place of Business

Mailing Address

1401 VILLAGE GREEN DRIVE
PORT ST. LUCIE FL 34952

1401 VILLAGE GREEN DRIVE
PORT ST. LUCIE FL 34952-3454

FILED

00 OCT 20 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2000

2. Principal Place of Business

3. Mailing Address

Roosevelt Bridge Tire & Auto
Suite, Apt. #, etc.

Roosevelt Bridge Tire & Auto
Suite, Apt. #, etc.

786 N. Federal Hwy
City & State

786 N. Federal Hwy
City & State

Stuart FL 34994

Stuart FL 34994

Zip Country
34994 USA

Zip Country
34994 USA

4. FEI Number

65-0924858

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCCARTHY, TERENCE P
2081 E. OCEAN BLVD.
STUART FL 34996

7. Name and Address of New Registered Agent

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

FL

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

10/6/00

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, 2000 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

☐ Delete

TITLE
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CITY-ST-ZIP

☒ Change ☐ Addition

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☐ Change ☐ 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-6-00

LS

0535313

CP2E034 (9/99)