

DOCUMENT #

P99000050411

**FILED**  
**Jun 05, 2000 8:00 am**  
**Secretary of State**

06-05-2000 90017 013 \*\*\*150.00

1. Entity Name  
*Tire Guard of Florida, Inc.*

Principal Place of Business Mailing Address

*8849 E1 Prado Drive Orlando, FL 32825*

2. Principal Place of Business 3. Mailing Address

*8849 E1 Prado Dr. same*

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

*Orlando, FL 32825 USA*

Country

4. FEI Number *59-3579721*

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

*Spiegel & Utrera, P.A.  
PO Box 144479 343 Almeria Ave.  
Coral Gables, FL 33114-4479*

7. Name and Address of New Registered Agent

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 of officer or director of registered agent and, if applicable, (NOTE: Registered Agent's signature required when registering) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so See orders 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

TITLE	<input type="checkbox"/> Delete
NAME	<i>President Matthew O'Born</i>
STREET ADDRESS	<i>8849 E1 Prado Dr.</i>
CITY-STATE-ZIP	<i>Orlando, FL 32825</i>
TITLE	<input type="checkbox"/> Delete
NAME	<i>S/T Carlo O'Born</i>
STREET ADDRESS	<i>8849 E1 Prado Dr.</i>
CITY-STATE-ZIP	<i>Orlando, FL 32825</i>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (if 11)

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

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 names empowered.

SIGNATURE: *Matthew O'Born* *Matthew O'Born* *04-27-2000*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR