

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000067831**

1. Entity Name

**TREAD RUBBER CORP.****FILED****Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90129 007 \*\*\*150.00

Principal Place of Business

**801 N. MAGNOLIA AVE., STE. 201  
ORLANDO FL 32803**

Mailing Address

**801 N. MAGNOLIA AVE., STE. 201  
ORLANDO FL 32803-3842**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

**Post Office Box 176**

Suite, Apt. #, etc.

City &amp; State

**Ocoee, Florida**

Zip

**34761**

Country

**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3544312**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent****ARNOLD, MATHENY & EAGAN, P.A.  
801 N. MAGNOLIA AVE., STE. 201  
ORLANDO FL 32803****7. Name and Address of New Registered Agent**

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, 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LOUV, ARTHUR R</b>	
STREET ADDRESS	<b>801 N. MAGNOLIA AVE., STE. 201</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32803</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>D, P, CEO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>LOUV, ARTHUR R.</b>	
STREET ADDRESS	<b>801 N. Magnolia Ave., Ste. 201</b>	
CITY-ST-ZIP	<b>Orlando, FL 32803</b>	
TITLE	<b>D, Exec VP, COO, S, T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	<b>Michael H. Evans</b>	
STREET ADDRESS	<b>385 Enterprise Street</b>	
CITY-ST-ZIP	<b>Ocoee, FL 34761</b>	
TITLE	<b>D, VP sales</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add
NAME	<b>Clayton Murphy</b>	
STREET ADDRESS	<b>4304 Golf Club Ln</b>	
CITY-ST-ZIP	<b>Tampa, FL 33624-2707</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**01-07-00 407-841-1850**