2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

DOCUMENT # P99000071015 May 22, 2000 8:00 am 1. Entity Name Secretary of State TOPLINE TIRE ONE, INC. 05-22-2000 90006 030 ***150.00 Principal Place of Business Mailing Address 905 E. MARTIN LUTHER KING. JR. DRIVE 905 E. MARTIN LUTHER KING, JR. DRIVE SUITE 270 SUITE 270 TARPON SPRINGS FL 34689-4855 TARPON SPRINGS FL 34689 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For Not Applicable Zip 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 EVANS, H. MICHAEL Street Address (P.O. Box Number is Not Acceptable) 2123 N.E. COACHMAN ROAD SUITE A TARDON SPRINGS, 1 **CLEARWATER FL 33765** Zip Code 8. The above named entity submits this statement for the purps stered office or registered agent, or both 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change Addition TITLE ☐ Delete BURR, RUSSELL F NAME 905 E. M.L. KING, JR. DRIVE, STE. 270 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TARPON SPRINGS FL 34689 MARTIN GILKES ☐ Change ☐ Addition Delete TITLE TITLE 905 EMLKING #270 NAME NAME -ARROW Springs PC 34683 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITI F ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change ■ Addition TITLE TITLE 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 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 empoyeded 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 attactment with an address, with all other like enflowered.