

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083424

1. Entity Name

TIRES ON TIME, INC.

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90044 013 ***158.75

Principal Place of Business

Mailing Address

1443 N. PINE HILLS RD.
ORLANDO FL 32808

1443 N. PINE HILLS RD.
ORLANDO FL 32808-4424

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

74-2930933

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEICHES, DREW
34 SILVER FALLS CIRCLE
KISSIMMEE FL 34745

Name Deiches, Drew

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

2454 Sable Dr

City Kissimmee,

FL

Zip Code 34744

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 

2-12-2000

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEICHES, DREW 34 SILVER FALLS CIRCLE KISSIMMEE FL 34745	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DEICHES, PATRICIA 34 SILVER FALLS CIRCLE KISSIMMEE FL 34745	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Drew Deiches 2454 Sable Dr. Kissimmee, FL, 34744	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (Address only)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD Patricia Deiches 2454 Sable Dr. Kissimmee, FL, 34744	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (Address only)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-2000

407-299-4340

Date

Daytime Phone #

CR2E034 (9/99)