

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 28, 2000 08:00 AM**
Secretary of State**DOCUMENT # P99000110825****1. Entity Name****AIR FREE TIRES INCORPORATED****Principal Place of Business**

2808 EAGLE LAKE DR.

ORLANDO
328376905

FL

Mailing Address

2808 EAGLE LAKE DR.

ORLANDO
328376905

FL

2. Principal Place of Business

2932 HELEN AVE.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO

FL

City & State

ORLANDO

Zip
32804

Country

Zip

Country

4. FEI Number**65-0977734**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent**SCHILDWACHTER ERIC
2808 EAGLE LAKE DR.ORLANDO
328376905

FL

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)

04/28/2000

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
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**T/TLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☒ AdditionT/TLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☒ AdditionT/TLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionT/TLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐ AdditionT/TLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ 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:** Eric Schildwachter

04/28/2000