

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Sep 10, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000110825**1. Entity Name  
**AIR FREE TIRES INCORPORATED****Principal Place of Business**

2932 HELEN AVE.

ORLANDO  
32804

FL

**Mailing Address**

2808 EAGLE LAKE DR.

ORLANDO  
328376905

FL

**2. Principal Place of Business**

206 N. RIVERSIDE DR.

**3. Mailing Address**

121 QUEEN FREDERIKA COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

EDGEWATER

FL

**City & State**

N. HUTCHINSON ISLAND

FL

**Zip**

321321718

**Country****Zip**

349498324

**Country**

US

**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****SCHILDWACHTER ERIC****Street Address (P.O. Box Number is Not Acceptable)****121 QUEEN FREDERIKA COURT****City****N. HUTCHINSON ISLAND****FL****Zip Code**  
**349498324**

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)

**09/10/2001**

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, 2001 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	T/S	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	328376905	<input type="checkbox"/> Delete
	FT/S	SCHILDWACHTER ERIC	2808 EAGLE LAKE DR.	ORLANDO	FL	328376905	<input type="checkbox"/> Delete

TITLE	T/S	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	32819	<input checked="" type="checkbox"/> Delete
	V	O DAVID V	7717 DAWBERRY COURT	ORLANDO	FL	32819	<input checked="" type="checkbox"/> Delete

TITLE	T/S	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	32804	<input type="checkbox"/> Delete
	P	WATERS HUGH P	2932 HELEN AVE.	ORLANDO	FL	32804	<input type="checkbox"/> Delete

TITLE	T/S	NAME	STREET ADDRESS	CITY-ST-ZIP	FL		<input type="checkbox"/> Delete
					FL		<input type="checkbox"/> Delete

TITLE	T/S	NAME	STREET ADDRESS	CITY-ST-ZIP	FL		<input type="checkbox"/> Delete
					FL		<input type="checkbox"/> Delete

TITLE	T/S	NAME	STREET ADDRESS	CITY-ST-ZIP	FL		<input type="checkbox"/> Delete
					FL		<input type="checkbox"/> Delete

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

TITLE	T/S	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	349498324	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	FT/S	SCHILDWACHTER ERIC	121 QUEEN FREDERIKA COURT	N. HUTCHINSON ISLAND	FL	349498324	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	T/S	NAME	STREET ADDRESS	CITY-ST-ZIP	FL		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
					FL		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	T/S	NAME	STREET ADDRESS	CITY-ST-ZIP	FL	321321718	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	P	WATERS HUGH P	206 N. RIVERSIDE DR.	EDGEWATER	FL	321321718	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	T/S	NAME	STREET ADDRESS	CITY-ST-ZIP	FL		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
					FL		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	T/S	NAME	STREET ADDRESS	CITY-ST-ZIP	FL		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
					FL		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

TITLE	T/S	NAME	STREET ADDRESS	CITY-ST-ZIP	FL		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
					FL		<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:** Eric Schildwachter

S

09/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)