## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 20, 2000 8:00 am Secretary of State **DOCUMENT # S22517** 1. Entity Name SOUTHERN INDUSTRIAL TIRE OF NORTH FLORIDA, INC. 04-20-2000 90054 001 \*\*\*150.00 Mailing Address Principal Place of Business 1911 S.W. 31ST AVE. 1911 S.W. 31ST AVE. OCALA FL 34474-2903 OCALA FL 34474 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3036063 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KURELMEYER, JOHN Street Address (P.O. Box Number is Not Acceptable) 1911 SW 31ST AVE. OCALA FL 34474 Zip Code 8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) poration is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150,00 9. This 💋 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, CR2E034 (9/99 TITLE ☐ Change Addition TITLE ☐ Delete KURELMEYER, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 1911 SW 31ST AVE. CITY-ST-ZIP OCALA FL CITY-ST-7IP ☐ Change ☐ Addition **X** Delete TITLE TITLE KURELMEYER, GLORIA NAME NAME 1911 SW 31ST AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 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** 

JOHN KURFIMEYER