

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S42742

1. Entity Name

RUBBER MART TIRE CO., INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90007 044 ***150.00

631707



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2310 MARKET ST JACKSONVILLE FL 32206 US	3958 SAN BERNADO DR JACKSONVILLE FL 32217-4611 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	59-3059288	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, PEGGY A.
3958 SAN BERNADO DR
JACKSONVILLE FL 32217

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 _____ (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	
TITLE	D <input type="checkbox"/> Delete
NAME	HARRIS, PEGGY A.
STREET ADDRESS	3958 SAN BERNADO DR
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	VP <input type="checkbox"/> Delete
NAME	HARRIS, MILTON S.
STREET ADDRESS	3953 SAN BERNADO DR
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	S <input type="checkbox"/> Delete
NAME	HOLTON, SUSAN H.
STREET ADDRESS	10847 HAMPTON RD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	T <input type="checkbox"/> Delete
NAME	HARRIS, STEVEN L.
STREET ADDRESS	10849 HAMPTON RD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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: Peggy A. Harris Date: January 15, 2000 Daytime Phone #: 904-632-1349