

2001 UNIFORM BUSINESS REPORT (UBR)

044268

DOCUMENT # M00849

1. Entity Name
SOLIDEAL INDUSTRIAL TIRE, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 AUG 30 PM 1:34

Principal Place of Business Mailing Address
2616 E. TAMARIND AVE P. O. BOX 26065
PO BOX 078798 CHARLOTTE NC 28221-6065
WEST PALM BEACH FL 33407 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
P.O. BOX 790070

City & State City & State
CHARLOTTE, NC

4. FEI Number Applied For
59-2457909 Not Applicable

Zip Country Zip Country
28206-7900 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
GARRICK, E.T.
2616 E. TAMARIND AVE
W. PALM BEACH FL 33407

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARRICK, E.T. 2616 E. TAMARIND AVE. W. PALM BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONNER, ROBERT 321 ATANDO AVE. CHARLOTTE NC	<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	300004572313-4 -09/06/01--01047--016 ***150.00 ***150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **ROBERT CONNER** Date: **8/28/01** Daytime Phone #
SECY

CR2E034 (10/00)



SOLIDEAL

Solideal Industrial Tire

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

August 28, 2001

Ref: M00849 2001 Uniform Business Report

Dear Sirs,

Please find enclosed our 2001 Uniform Business Report. We apologize for the late filing but the original document was sent to our old lock box (26065) and was not received in our office until after the due date.

We request you kindly abate the extra \$ 400 due to late filing. Our check for \$ 150 is enclosed.

Sincerely,

David C. R. Hare

Corporate Controller

Solideal Industrial Tire inc. • Head Office: 321 Atando Ave., Charlotte, NC 28206
Phone: 704-945-9754 Fax: 704-945-9752 david.hare@cit.solidealusa.com