

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90099 047 ***150.00

DOCUMENT # M00849

1. Entity Name
SOLIDEAL INDUSTRIAL TIRE, INC.

Principal Place of Business **Mailing Address**
2616 E. TAMARIND AVE **% P.O. BOX 790070**
PO BOX 078798 **CHARLOTTE NC 28206-7900**
WEST PALM BEACH FL 33407 **US**

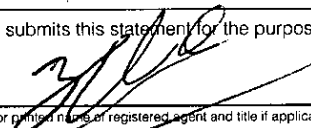


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2457909		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
GARRICK, E.T. 2616 E. TAMARIND AVE W. PALM BEACH FL 33407				Name BARRY J. COX			
				Street Address (P.O. Box Number is Not Acceptable) 1090 CYPRESS WAY			
				City BOCA RATON		FL	

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** **1/30/02**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GARRICK, E.T.		NAME	DANNEELS PHILIPPE	
STREET ADDRESS	2616 E. TAMARIND AVE.		STREET ADDRESS	321 ATANDO AVE	
CITY-ST-ZIP	W. PALM BEACH FL		CITY-ST-ZIP	CHARLOTTE, NC 28206	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONNER, ROBERT		NAME	COX, BARRY	
STREET ADDRESS	321 ATANDO AVE.		STREET ADDRESS	321 ATANDO AVE	
CITY-ST-ZIP	CHARLOTTE NC		CITY-ST-ZIP	CHARLOTTE, NC 28206	
TITLE		<input type="checkbox"/> Delete	TITLE	D P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	HICKEY BALDWIN	
STREET ADDRESS			STREET ADDRESS	321 ATANDO AVE	
CITY-ST-ZIP			CITY-ST-ZIP	CHARLOTTE, NC 28206	
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	HARE, DAVID	
STREET ADDRESS			STREET ADDRESS	321 ATANDO AVE	
CITY-ST-ZIP			CITY-ST-ZIP	CHARLOTTE, NC 28206	
TITLE		<input type="checkbox"/> Delete	TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	SHEARER, DAN	
STREET ADDRESS			STREET ADDRESS	321 ATANDO AVE	
CITY-ST-ZIP			CITY-ST-ZIP	CHARLOTTE, NC 28206	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **DAVID C.R. HARE Secy** **DATE** **1/31/02** **Daytime Phone #** **704 945 9754**

FORM 1001-02

CR2E034 (9/01)