

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000093286

**Entity Name:** MOTORWORKS OF FLORIDA, INC.

**Current Principal Place of Business:**

2913 S. ORLANDO DR.  
SUITE 550  
SANFORD, FL 32773

**FILED**  
**Apr 06, 2017**  
**Secretary of State**  
**CC0918803811**

**Current Mailing Address:**

2913 S. ORLANDO DR.  
SUITE 550  
SANFORD, FL 32773 US

**FEI Number: 45-3698341**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

UNRUE, ALLEN D  
2913 S. ORLANDO DR SUITE 550  
SANFORD, FL 32773 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name UNRUE, ALLEN D  
Address 2913 S. ORLANDO DR.  
SUITE 550  
City-State-Zip: SANFORD FL 32773

Title V  
Name UNRUE, ANGELA D  
Address 2913 S. ORLANDO DR.  
SUITE 550  
City-State-Zip: SANFORD FL 32773

Title ST  
Name UNRUE, ANGELA D  
Address 2913 S ORLANDO DR  
SUITE 550  
City-State-Zip: SANFORD FL 32773

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ANGELA D UNRUE**

**VP**

**04/06/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date