## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # 410704** Mar 20, 2000 8:00 am 1. Entity Name **Secretary of State** TUGGLE MOTORS INC. 03-20-2000 90022 024 \*\*\*150.00 Principal Place of Business Mailing Address 14530 MUSTANG TRAIL 14530 MUSTANG TRAIL FT. LAUDERDALE FL 33330 FT, LAUDERDALE FL 33330-3510 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1421281 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name. ACCETTURO, ANDREW H. Street Address (P.O. Box Number is Not Acceptable) 14530 MUSTANG TR. FT. LAUDERDALE FL 33303 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Change Addition TITLE Delete ACCETTURO, ANDREW H. NAME NAME 14530 MUSTANG TR. STREET ADDRESS STREET ADDRESS. FT. LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition Delete TITLE ACCETTURO, BARBARA T. NAME 14530 MUSTANG TR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL MICHAEL ACCETTURO Change CITY-ST-ZIP Addition TITLE 1/P ☐ Delete B24 S.W. 16 TO COURT PEMBEOKE PARK 330 МАМЕ STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIPECTOR

ACCETTUTO 3/10/00

954.434.1426

Daytime Phone #