

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 632161

1. Entity Name

MOTOR FUELERS, INC.

Principal Place of Business

Mailing Address

13790-B 49TH ST., N.
PO BOX 210
CLEARWATER FL 34622
US

13790-B 49TH ST NO
CLEARWATER FL 33762-3735
US

2. Principal Place of Business

13790-B 49TH ST NO

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

CLEARWATER FL

City & State

4. FEI Number

59-1940863

Applied For

Not Applicable

Zip

33762

Country

US

Zip

Country

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORTON, SHIRLEY H
13790B 49TH ST NO
CLEARWATER FL 33762

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

Signature, typed or printed name of registered agent and title if applicable.

(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	MORTON, JAMES E.	
STREET ADDRESS	13790-B 49TH ST N	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MORTON, JAMES J.	
STREET ADDRESS	13790-B 49TH ST N	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	MORTON, SHIRLEY	
STREET ADDRESS	13790B 49TH ST NO	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	MORTON, RICHARD D.	
STREET ADDRESS	13780-B 49TH ST N	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	TILMANN, BARRY J.	
STREET ADDRESS	13790B 49TH ST NO	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	LAW, JAMES B	
STREET ADDRESS	13790-B 49TH	
CITY-ST-ZIP	CLEARWATER FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Delete
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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: *Shirley H. Morton* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-28-00 (727) 572-976

Date

Daytime Phone #

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90051 035 ***158.75



DO NOT WRITE IN THIS SPACE