

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2001 8:00 am**
Secretary of State

04-24-2001 90313 001 ***150.00

DOCUMENT # 669779

1. Entity Name

FORT MYERS CLUTCH, INC.

Principal Place of Business

**2030 ORTIZ AVE
FT. MYERS FL 33905
US**

Mailing Address

**2030 ORTIZ AVE
FT. MYERS FL 33905
US****746850**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2030 ORTIZ AVE

Suite, Apt. #, etc.

3. Mailing Address

2030 ORTIZ AVE

Suite, Apt. #, etc.

City & State

FORT MYERS FL

City & State

FORT MYERS FL4. FEI Number **65-0023775**

Applied For

Not Applicable

Zip

33905

Country

US

Zip

33905

Country

US5. 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

**GOFF, HAROLD D., JR.
144 VERMONT AVENUE
FT. MYERS FL 33905**

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 rehashing)

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, 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	TD	<input type="checkbox"/> Delete
NAME	GOFF JR., HAROLD D.	
STREET ADDRESS	144 VERMONT AVENUE	
CITY-ST-ZIP	FT. MYERS FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PS	<input type="checkbox"/> Delete
NAME	GOFF, MARILYN J.	
STREET ADDRESS	144 VERMONT AVENUE	
CITY-ST-ZIP	FT. MYERS FL	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Harold D. Goff Jr.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-01

Date

941-332-5374

Daytime Phone #

CR2E034 (10/00)