

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90020 021 \*\*\*150.00

**DOCUMENT # F01000000697**

1. Entity Name

**A-1 MOTORCYCLE ESCORT SERVICE, INC.**

Principal Place of Business

**215 WASHINGTON AVENUE NORTH  
 MINNEAPOLIS MN 55401**

Mailing Address

**215 WASHINGTON AVENUE NORTH  
 MINNEAPOLIS MN 55401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**41-1820456**

Applied For

Not Applicable

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

**JOHNSON, DANIEL B  
 2543 SOUTH PENINSULA DR.  
 DAYTONA BEACH SHORES FL 32118**

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)

**3/15/00**  
 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, 2002 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 ☐ Delete  
 NAME **PSTD**  
 STREET ADDRESS **JOHNSON, DANIEL B**  
 CITY-ST-ZIP **215 WASHINGTON AVE. NORTH  
 MINNEAPOLIS MN**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/15/02**  
 Date

**386-257-6265**  
 Daytime Phone #

CR2E034 (9/01)

MORGAN B. GILREATH, JR., MA, ASA, CFA  
VOLUSIA COUNTY PROPERTY APPRAISER  
250 N. BEACH ST., ROOM 109  
DAYTONA BEACH, FL 32114  
DELAND 386-736-5901 DAYTONA 386-254-4601

STATE OF FLORIDA  
COUNTY OF  
**VOLUSIA**  
2002

**Tangible Personal Property Tax Return**  
CONFIDENTIAL §193.074 F.S.  
As Required by §§ 193.052 & 193.062, F.S.  
**RETURN TO COUNTY PROPERTY APPRAISER**  
**BY APRIL 1 TO AVOID PENALTIES**

THIS RETURN IS SUBJECT TO AUDIT WITH ALL RECORDS KEPT BY YOU.  
INCOMPLETE ENTRIES ARE SUBJECT TO PENALTIES.

1. Please Give Name and Telephone Number of Owner or Person in Charge of This Business.  
Name DANIEL B. JOHNSON Telephone 612-338-5345  
Corporate Name MIDWEST MOTORCYCLE RENTAL & TOURS
2. Actual Physical Location of Property for Which This Return is Filed (Street Address - NOT P.O. Box) 2020 S. ATLANTIC AV, Suite A
3. Is your Business or Farm Located Within the Incorporated Limits of a City? Yes X No  
What City? DAYTONA BEACH SHORES.
4. Do You File a Tangible Personal Property Tax Return Under Any Other Name? Yes No X  
Please Show Name Exactly as it Appeared on Your Most Recent Personal Property Tax Bill or Other Current Tax Return: \_\_\_\_\_
5. Date You Began Business in This County: 2-7-01  
Fiscal Year 2-7-01 - 12/31/2001
- 5a. Although my fiscal year ended prior to December 31 of the past calendar year, this return reflects property additions and deletions through December 31. Yes No
6. Describe Type or Nature of Your Business: RENTAL OF MOTORCYCLES  
SALE OF RELATED ITEMS
7. Trade Level: (check as many as apply) Retail ☒ Wholesale ☐ Manufacturing ☐  
Professional ☐ Service ☐ Agriculture ☐ Leasing/Rental ☐ Other ☐
8. Did You File a Tangible Personal Property Return in This County Last Year? Yes No X  
If so, Under What Name, and Where? \_\_\_\_\_
9. Former Owner of the Business: \_\_\_\_\_
- 9a. If Business Sold To Whom? \_\_\_\_\_  
Date Sold \_\_\_\_\_

5316-21-00-0072 0001

6063133

DISTRICT 2222

MILL PC

403 436201

LOCATION

2020 S ATLANTIC AV  
DBS

JOHNSON DANIEL 3963  
MIDWEST MOTORCYCLE RNTL & TURS  
2543 S PENINSULA DR  
DAYTONA BEACH FL 32118-5524

If name or mailing address is incorrect, make necessary corrections in this box.  
**BUSINESS NAME (DBA - Doing Business As) AND MAILING ADDRESS**  
FEDERAL EMPLOYER IDEN. NO. SOCIAL SECURITY NUMBER

41-1820456-468-56-9190

NAICS/SIC ☐ ☐ ☐ ☐ ☐ ☐

6063133

## PERSONAL PROPERTY SUMMARY

THIS IS A SUMMARY SCHEDULE ONLY. The Schedules On The REVERSE SIDE Must Be Completed in Detail And TOTALS entered below. ATTACH ITEMIZED LIST Or DEPRECIATION SCHEDULE Showing Original Cost & Date of Acquisition.

- |  | TAXPAYER'S ESTIMATE OF FAIR MARKET VALUE | ORIGINAL INSTALLED COST | APPRAISER'S USE ONLY |
|--|--|-------------------------|----------------------|
| 10. Office Furniture & Office Machines & Library   | 1220                                     | 2180                    |                      |
| 11. EDP Equipment, Computers, Word Processors  |  |                         |                      |
| 12. Store, Bar & Lounge, and Restaurant Furniture & Equipment, Etc.                      |  |                         |                      |
| 13. Machinery and Manufacturing Equipment  |  |                         |                      |
| 14. Farm, Grove, and Dairy Equipment   |  |                         |                      |
| 15. Professional, Medical, Dental & Laboratory Equipment                                 |  |                         |                      |
| 16. Hotel, Motel & Apartment Complex   |  |                         |                      |
| 16a. Rental Units - Stove, Refrig., Furniture, Drapes & Appliances                       |  |                         |                      |
| 17. Mobile Home Attachments (Carport, Utility Bldg., Cabana, Porch, Etc.)                |  |                         |                      |
| 18. Service Station & Bulk Plant Equipment - Underground Tanks, Lifts, Tools             |  |                         |                      |
| 19. Signs - Billboards, Pole, Wall, Portable, Directional, Etc.                          |  |                         |                      |
| 20. Leasehold Improvements Must Be Grouped By Type, Year of Installation and Description |  |                         |                      |
| 21. Pollution Control Equipment  |  |                         |                      |
| 22. Equipment Owned By You But Rented, Leased or Held By Others                          |  |                         |                      |
| 23. Supplies - Not Held for Resale   |  |                         |                      |
| 24. Other - Please Specify   |  |                         |                      |
| TOTAL PERSONAL PROPERTY  |  |                         |                      |

Under penalties of perjury, I declare that I have read the foregoing tax return and the accompanying schedules and statements and that the facts stated in them are true. If prepared by someone other than the taxpayer, the preparer signing this return certifies that this declaration is based on all information of which he/she has any knowledge.

DATE: 3/15/02 TITLE: PRESIDENTSIGNED: [Signature] (TAXPAYER)SIGNED: [Signature] (PREPARER)ADDRESS: 2543 S. PENINSULA DR.PHONE NO 386-257-6265 PREPARER'S I.D. # \_\_\_\_\_

LESS EXEMPTION: ( ) WIDOW ( ) WIDOWER ( ) BLIND  
( ) TOTAL DISABILITY ( ) OTHER

TAXABLE VALUE

DEPUTY

PENALTY

PLEASE SIGN AND DATE YOUR RETURN, SEND THE ORIGINAL TO THE COUNTY APPRAISER'S OFFICE BY APRIL 1. UNSIGNED RETURNS CANNOT BE ACCEPTED BY THE APPRAISER'S OFFICE.

NOTICE: IF YOU ARE ENTITLED TO A WIDOW'S, WIDOWER'S OR DISABILITY EXEMPTION ON PERSONAL PROPERTY (NOT ALREADY CLAIMED ON REAL ESTATE) CONSULT APPRAISER.