

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2001 8:00 am**  
**Secretary of State**

01-24-2001 90032 039 \*\*\*150.00

**DOCUMENT # F73288**

1. Entity Name

**SKYBOLT AEROMOTIVE CORP.**

Principal Place of Business

**551 N. PARK AVE  
APOPKA FL 32712  
US**

Mailing Address

**551 N. PARK AVE  
APOPKA FL 32712  
US**

2. Principal Place of Business

**9000 Airport Blvd**

3. Mailing Address

**9000 Airport Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Leesburg, Florida**

City & State

**Leesburg, Florida**

4. FEI Number

**59-2176669**

Applied For

Not Applicable

Zip  
**34788**

Country  
**USA**

Zip  
**34788**

Country  
**USA**

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

**BOWERS, WINFIELD S., JR  
~~549 NORTH PARK AVENUE - -~~  
**APOPKA FL 32703 - - -****

Name

Street Address (P.O. Box Number is Not Acceptable)

**7421 Lake Ola Circle**

City

**Mt. Dora**

**FL**

Zip Code

**32757**

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, 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 NAME	<b>P</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>BOWERS, NED C</b>	
CITY-ST-ZIP	<b>7400 LAKE OLA DRIVE MT. DORA FL 32757</b>	
TITLE NAME	<b>VP</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>BOWERS JR, WINFIELD S</b>	
CITY-ST-ZIP	<b>549 NORTH PARK AVE APOPKA FL 32712</b>	
TITLE NAME	<b>ST</b>	<input type="checkbox"/> Delete
STREET ADDRESS	<b>BOWERS, DOROTHY A.</b>	
CITY-ST-ZIP	<b>549 NORTH PARK AVE APOPKA FL 32712</b>	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>Ned C. Bowers</b>	
CITY-ST-ZIP	<b>7400 Lake Ola Circle Mt. Dora, FL 32757</b>	
TITLE NAME	<b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>Winfield S. Bowers, Jr.</b>	
CITY-ST-ZIP	<b>7421 Lake Ola Circle Mt. Dora, FL 32757</b>	
TITLE NAME	<b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>Dorothy A. Bowers</b>	
CITY-ST-ZIP	<b>7421 Lake Ola Circle Mt. Dora, FL 32757</b>	
TITLE NAME		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*Ned C. Bowers*

**Ned C. Bowers, President**

**01/10/01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)