

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004244

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90015 048 ***150.00

1. Entity Name
MOTOR INNOVATIONS INCORPORATED

Principal Place of Business

Mailing Address

**650 E BROAD ST
BROOKSVILLE FL 34601**

**650 E BROAD ST
BROOKSVILLE FL 34601**

00020003



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3453629

Applied For

Not Applicable

Zip

Country

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

**DANKER, JOHN H
650 E BROAD ST
BROOKSVILLE FL 34601**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	DANKER, JOHN H	650 S BROAD ST	BROOKSVILLE FL 34601	<input type="checkbox"/>
VD	BARBEE, MIKE	5188 CALDWIN TERRACE	MARIETTA GA 30068	<input type="checkbox"/>
VD	SUSOR, ROBERT J	2999 CIRCLE 75 PARKWAY	ATLANTA GA 30339	<input type="checkbox"/>
SD	BAKER, BRET	14028 SHADY SHORES DRIVE	TAMPA FL 33612	<input type="checkbox"/>
TD	DANKER, HERMAN H	650 S BROAD ST	BROOKSVILLE FL 34601	<input type="checkbox"/>
ASD	WEBB, BRAINARD T JR	2999 CIRCLE 75 PARKWAY	ATLANTA GA 30339	<input type="checkbox"/>

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

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 DIRECTOR

Date

Daytime Phone #

2-10-00 352/796-4936

CR2E034 (9/99)