

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90378 002 ***150.00

0318502

DOCUMENT # G78985

1. Entity Name

AARDVARK MOTORS, INC.

Principal Place of Business

**3003 SOUTH CONGRESS AVENUE
PALM SPRINGS FL 33461**

Mailing Address

**3003 SOUTH CONGRESS AVENUE
PALM SPRINGS FL 33461**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 1E

Suite, Apt. #, etc.

Suite 1E

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2360027

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SPRINGER, ROBERT H.
3003 SOUTH CONGRESS AVENUE
PALM SPRINGS FL 33461**

7. Name and Address of New Registered Agent

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

4-24-01

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

TITLE **PD**
NAME **SPRINGER, ROBERT H.**
STREET ADDRESS **3003 SOUTH CONGRESS AVE.**
CITY-ST-ZIP **PALM SPRINGS FL**

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 #

561 432 3232

CR2E034 (10/00)