

DOCUMENT # **503589**

1. Entity Name
FLORIDA GATOR MOTORS INC

Principal Place of Business Mailing Address
2457 W. Hwy 441 - PO Box 1057
Plymouth FL 32768 - Plymouth FL 32768-1057

FILED
00 DEC 15 AM 11:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 Applied For
59-264-5116 Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
PHIL ORR (President)
2605 Kelly Park Road
Apopka FL 32712

7. Name and Address of New Registered Agent
Name **JAMES T. SWAIN JR (President)**
Street Address (P.O. Box Number is Not Acceptable)
6901 SWAIN ROAD
City **SORRENTO** FL Zip Code **32776**

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 **JAMES T. SWAIN JR.**
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering) **12-13-2000**
AMENDED REPORT DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☒ **FILE NOW!!! FEE IS \$150.00 6-25**
(See criteria on back) **After MAY 1, 2000 Fee will be \$550.00**
Make Check Payable to Department of State 10. Election Campaign Financing ☒ **\$5.00 May Be Added to Fees**
Trust Fund Contribution. ☒

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PHIL ORR 2605 KELLY PARK ROAD APOPKA - FLA 32712 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JAMES T. SWAIN JR. 6901 SWAIN ROAD SORRENTO FLA - 32776 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: **JAMES T. SWAIN, JR.**
(Signature typed or printed name of signing officer or director) **12-13-2000** **407-886-8675**
Date Daytime Phone #