

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J93370

1. Entity Name

MARGATE MOTORCYCLE WORLD, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90023 002 ***150.00

Principal Place of Business

4100 NO POWERLINE RD G-5
G-5
POMPANO BCH FL 33073
US

Mailing Address

4100 NO POWERLINE RD G-5
G-5
POMPANO BCH FL 33073-3083
US

2. Principal Place of Business

3. Mailing Address

2561 NW 115 Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Coral Springs, FL

Zip

Country

Zip

Country

33065

4. FEI Number

59-2847516

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

PHILLIPS, RODNEY
4100 N POWERLINE RD G-5
POMPANO BCH FL 33073

Name

Rodney Phillips

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

2561 NW 115 Drive

City

Coral Springs

FL

Zip Code

33065

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

Rodney Phillips

Rodney Phillips, Pres.

4/27/00

(Signature, typed or printed name of registered agent and date 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 ☐ Delete
NAME P
STREET ADDRESS PHILLIPS, RODNEY
CITY-ST-ZIP 2561 NW 115 DR
CPRAL SPRINGS FL

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

TITLE ☐ Delete
NAME TS
STREET ADDRESS PHILLIPS, LESLIE
CITY-ST-ZIP 2561 NW 115 DR
CORAL SPRINGS FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 all other like empowered.

SIGNATURE:

Leslie Phillips
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Leslie Phillips, VP. 4/27/00

Date

Daytime Phone #

954-971-8870

CR2E034 (9/99)