

# 2001 UNIFORM BUSINESS REPORT (UBR)

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FILED

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SECRETARY OF STATE  
TALLAHASSEE, FL

DOCUMENT # L00000003212

1. Entity Name

MOTOMACHINE, L.L.C.

Principal Place of Business

6927 VICKIE CIR  
UNIT D  
WEST MELBOURNE FL 32904

Mailing Address

6927 VICKIE CIR  
UNIT D  
WEST MELBOURNE FL 32904

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

59-3643319

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

NICHOLAS, JAMES M ESQ  
JAMES M NICHOLAS PA  
1815 SOUTH PATRICK DRIVE  
MELBOURNE FL 32937

7. Name and Address of New Registered Agent

Name

RANDALL C. GLOYD

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

6927 VICKIE CIRCLE, SUITE D

City

WEST MELBOURNE

FL

Zip Code

32904

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

*Randall C. Gloyd* 4/3/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGRM ROBINSON, MICHAEL J  
STREET ADDRESS 1079 HOOPER AVE NE  
CITY-ST-ZIP PALM BAY FL 32905 ☐ Delete

TITLE NAME MGRM GLOYD, RANDALL C  
STREET ADDRESS 1079 HOOPER AVE NE  
CITY-ST-ZIP PALM BAY FL 32905 ☐ Delete

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Randall C. Gloyd* 4/3/01

(321) 956-4195

CR2E083 (11/00)