

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L00000008204

1. Entity Name

MOTIV ESCORT & SAFETY CO., LLC

FILED

01 FEB 26 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

2621 LAKE FOREST DRIVE  
DELAND FL 32720

Mailing Address

2621 LAKE FOREST DRIVE  
DELAND FL 32720

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

59-3654097

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

7. Name and Address of New Registered Agent

DEGREGORIO, VITO

2621 LAKE FOREST DRIVE

DELAND FL 32720

Name

MAURICE A. THERRIEN, JR.

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

1781 W. BRADFORD AVE.

City

DELAND

FL

Zip Code

32720

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

*Maurice Therrien*

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

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CO-OWNER  
VITO D. DEGRAGORIO MKR  
2621 LK. FOREST DR.  
DELAND, FL. 32720 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
700003782267-6  
-02/27/01--01056--002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CO-OWNER  
MAURICE A. THERRIEN JR. MKR  
1781 W. BRADFORD AVE.  
DELAND, FL. 32720 ☐ Delete

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

TITLE  
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CITY-ST-ZIP  
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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 #

*VITO D. DEGRAGORIO* 2/13/01 (904) 734-9464

CR2E083 (11/00)