

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**  
 04-17-2002 90166 031 \*\*\*150.00

1102006 AV

**DOCUMENT # L25391**

**1. Entity Name**  
**ALL BREVARD GOLF CARS, INC.**

**Principal Place of Business**

~~630~~ EYSTER BLVD  
 ROCKLEDGE FL 32955  
 US

**Mailing Address**

~~630~~ EYSTER BLVD.  
 ROCKLEDGE FL 32955  
 US



**2. Principal Place of Business**

**630 EYSTER BLVD.**

**3. Mailing Address**

**630 EYSTER BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

**59-2972578**

Applied For

Not Applicable

Zip

Country

Zip

Country

**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**

**RICHARD W. SUMPTER**  
~~630~~ EYSTER BLVD  
 ROCKLEDGE FL 32955

Name

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

**630 EYSTER BLVD**

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

**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, 2002 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	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>KLINE, KENNETH D.</b>	
STREET ADDRESS	<b>825 LAKEWOOD CIR</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>WARTELL, ROBERT B.</b>	
STREET ADDRESS	<b>1655 WESTPORT RD</b>	
CITY-ST-ZIP	<b>MERRITT ISLAND FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SUMPTER, RICHARD W.</b>	
STREET ADDRESS	<b>936 BEA PL</b>	
CITY-ST-ZIP	<b>ROCKLEDGE FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/10/02 321 6396 777**

CR2E034 (9/01)

Attachment #L25391/632421

TO: 0123486 AU \*\*AUTO T6 0 1201 32955-8170

|||||

L25391

ALL BREVARD GOLF CARS, INC.

630 EYSTER BLVD

ROCKLEDGE FL 32955-8170

US