

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000001505

1. Entity Name
START YOUR ENGINES I, L.C.

Principal Place of Business
2201 CANTO COURT, SUITE 118
SARASOTA FL 34232

Mailing Address
2201 CANTO COURT, SUITE 118
SARASOTA FL 34232

2. Principal Place of Business
2201 CANTO CT
Suite, Apt. #, etc.

3. Mailing Address
2201 CANTO CT
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0873705

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAMILTON, JANA
2201 CANTO COURT, SUITE 118
SARASOTA FL 34232

Name

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

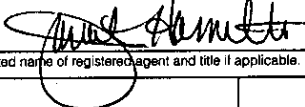
2201 CANTO CT

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

4/17/01

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

100004212451--0
-05/11/01--01111--003
*****150.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete
MGR
HAMILTON, MICHAEL D
STREET ADDRESS
2201 CANTO COURT, SUITE 118
CITY-ST-ZIP
SARASOTA FL 34232

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS
2201 CANTO CT
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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

TITLE NAME ☐ Delete
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 #

4/17/01 (941) 378-7000

FILED

01 APR 26 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MJH

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CR2E083 (11/00)