

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90113 037 *****50.00

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DOCUMENT # L98000002090

1. Entity Name

START YOUR ENGINES II, L.C.



Principal Place of Business

**14914 TAMiami TRAIL
NORTH PORT FL 34287**

Mailing Address

**2201 CANTU COURT, SUITE 118
SARASOTA FL 34232**

2. Principal Place of Business

3. Mailing Address

**4025 Oathemen Rd
#141**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SARASOTA FL

Zip

Country

Zip

Country

34233

USA

4. FEI Number

65-0868384

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAMILTON, MICHAEL D
2201 CANTU COURT, SUITE 118
SARASOTA FL 34232**

JANA HAMILTON

Name

JANA HAMILTON

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

6735 Proctor Rd

City

SARASOTA

FL

Zip Code

34241

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

☒ Change ☐ Addition
TITLE **4025 Oathemen Rd #141**
NAME **SARASOTA FL**
STREET ADDRESS **34233**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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☐ Change ☐ Addition
TITLE
NAME
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 REQUIRED

[Signature]

Date

4/15/03

Daytime Phone #

374-0155

CR2E083 (10/02)