

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002091

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

Principal Place of Business
7275 BEE RIDGE ROAD
SARASOTA FL 34241

Mailing Address
7275 BEE RIDGE ROAD
SARASOTA FL 34232-6254

APPROVED
AND
FILED
00 MAY -2 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8624 S. Tamiami Trail
Suite, Apt. #, etc.

3. Mailing Address
2201 Cantu Court
Suite 118
City & State

City & State
Sarasota, FL
Zip
34238
Country
USA

City & State
Sarasota, FL
Zip
34232
Country
USA

4. FEI Number 65-0867097 086834 Applied For
Not Applicable
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
7275 BEE RIDGE ROAD
SARASOTA FL 34241

Name
Street Address (P.O. Box Number is Not Acceptable)
2201 Cantu Court
Suite 118
City
Sarasota
FL Zip Code
34232

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 _____ (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	MGR HAMILTON, MICHAEL D 7275 BEE RIDGE ROAD SARASOTA FL 34241	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	2201 Cantu Court, Suite 118 Sarasota, FL 34232	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	700003259357--9 -05/19/00--01078--022 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Michael D. Hamilton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date 4-7-00 Daytime Phone # _____

CR2E083 (9/99)