

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002092

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

APPROVED
AND
FILED

60 MAY -2 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

~~7275 BEE RIDGE ROAD~~
SARASOTA FL 34241

Mailing Address

7275 BEE RIDGE ROAD
SARASOTA FL 34232-6254



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6606 14th ST. West
Suite, Apt. #, etc.

3. Mailing Address

2201 Cantu Court
Suite, Apt. #, etc.

City & State

Bradenton, FL

City & State

Sarasota, FL

4. FEI Number

65-0867089

Applied For

Not Applicable

Zip

34207

Country

USA

Zip

34232

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAMILTON, JANA

~~7275 BEE RIDGE ROAD~~
SARASOTA FL 34241

7. Name and Address of New Registered Agent

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

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

TITLE MGR
NAME HAMILTON, MICHAEL D
STREET ADDRESS ~~7275 BEE RIDGE ROAD~~
CITY-ST-ZIP SARASOTA FL 34241

TITLE
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STREET ADDRESS
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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 2201 Cantu Court, Suite 118
CITY-ST-ZIP Sarasota, FL 34232

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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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 OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)