

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2001 8:00 am
Secretary of State

03-20-2001 90040 048 ***150.00

DOCUMENT # M40156

1. Entity Name
ALL STAR GOLF CAR CO.

Principal Place of Business

**C/O LARRY KOSCOE
 133 SE 4TH ST. BAY 1
 DEERFIELD BEACH FL 33441
 US**

Mailing Address

**C/O LARRY KOSCOE
 133 SE 4TH ST BAY 1
 DEERFIELD BEACH FL 33441
 US**

C0035752



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

104 SE 5TH COURT

City & State

Deerfield Beach

Zip

33441

Country

Broward

3. Mailing Address

Suite, Apt. #, etc.

104 SE 5TH COURT

City & State

Deerfield Beach

Zip

33441

Country

Broward

4. FEI Number **59-2736291**

Applied For

Not Applicable

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

**GERALD L. KOSCOE
 133 S.E. 4TH STREET, BAY #1
 DEERFIELD BEACH FL 33441**

Name

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

104 SE 5TH COURT

City

Deerfield Beach

FL

Zip Code

33441

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, 2001 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 ☐ Delete
 NAME **PD**
 STREET ADDRESS **KOSCOE, GERALD L.**
 CITY-ST-ZIP **133 SE 4TH ST BAY #1
 DEERFIELD BEACH FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS **104 SE 5TH COURT**
 CITY-ST-ZIP **Deerfield Beach FL 33441**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

GERALD L. KOSCOE 3/21/2001 954-360-0395

CR2E034 (10/00)