

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000006805

FILED  
Apr 11, 2002 8:00 AM  
Secretary of State

Entity Name: COBRAS MOTORCYCLE CLUB, INC.

**Current Principal Place of Business:**

3700 70TH AVE N STUDIO E  
PINELLAS PARK, FL 33781

**New Principal Place of Business:**

**Current Mailing Address:**

3700 70TH AVE N STUDIO E  
PINELLAS PARK, FL 33781

**New Mailing Address:**

FEI Number: 59-3747285

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

KOGELMANN, PATRICK  
7191 US 19 N  
PINELLAS PARK, FL 33781

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: KOGELMANN, PATRICK  
Address: 7191 US 19 N  
City-St-Zip: PINELLAS PARK, FL 33781

Title: D ( ) Delete  
Name: MACVICAR, SEAN  
Address: 2143 GULF-TO-BAY BLVD #122  
City-St-Zip: CLEARWATER, FL 33765

Title: D ( ) Delete  
Name: WASSON, MERRELL  
Address: 3036 AVERFORD DR  
City-St-Zip: CLEARWATER, FL 33761

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: WASSON, MERRELL  
Address: 18 SOPHIE AVENUE  
City-St-Zip: DUNEDIN, FL 34698

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MERRELL WASSON

DIRE

04/11/2002

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date