

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2002 8:00 am
Secretary of State

03-27-2002 90037 029 ***150.00

DOCUMENT # P00000009111

1. Entity Name

MOTORCYCLE RENTALS OF SOUTHWEST FLORIDA, INC.

Principal Place of Business

**1870 CLAYTON CT.
 FT. MYERS FL 33907**

Mailing Address

**1870 CLAYTON CT.
 FT. MYERS FL 33907**

B0052172



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2160 COLONIAL BLVD

3. Mailing Address

2160 COLONIAL BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT. MYERS, FL

City & State

FT. MYERS, FL

4. FEI Number

65-0990872

Applied For

Not Applicable

Zip

33907

Country

USA

Zip

33907

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**FISCHER, SCOTT
 1870 CLAYTON CT.
 FT. MYERS FL 33907**

7. Name and Address of New Registered Agent

Name

FISCHER, SCOTT

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

2160 COLONIAL BLVD

City

FT. MYERS

FL

Zip Code

33907

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.

SCOTT FISCHER

(NOTE: Registered Agent signature required when reinstating)

3/12/02

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	FISCHER, SCOTT	
STREET ADDRESS	1870 CLAYTON CT.	
CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FISCHER, JEFFERY S	
STREET ADDRESS	1870 CLAYTON CT	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	HALL, RONALD H	
STREET ADDRESS	1870 CLAYTON CT	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P, D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISCHER, JEFFERY SCOTT	
STREET ADDRESS	2160 COLONIAL BLVD	
CITY-ST-ZIP	FT. MYERS, FL 33907	
TITLE	S, T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TSCHAIKOWSKY, WOLF J.	
STREET ADDRESS	2160 COLONIAL BLVD	
CITY-ST-ZIP	FT. MYERS, FL 33907	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

WOLF J. TSCHAIKOWSKY

3/12/02

941-275-4647

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)