

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91559 046 ***150.00

DOCUMENT # P00000042081

1. Entity Name
MOTOR ESCORT CO.

Principal Place of Business

1022 N H ST
 LAKE WORTH FL 33460

Mailing Address

1022 N H ST
 LAKE WORTH FL 33460

2. Principal Place of Business

1022 N. H ST

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL

4. FEI Number

65-1000752

Applied For

Not Applicable

Zip

33460

Country

FLA

Zip

Country

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

CASE, RANDALL L
 1022 N H ST
 LAKE WORTH FL 33460

Name

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

City

FL

Zip Code

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 D
 STREET ADDRESS SCHAAF, TROY S
 CITY-ST-ZIP 1022 N H ST
 LAKE WORTH FL 33460

TITLE ☒ Change ☐ Addition
 NAME PRESIDENT
 STREET ADDRESS SCHAAF, TROY S.
 CITY-ST-ZIP SAME

TITLE ☐ Delete
 NAME D
 STREET ADDRESS CASE, RANDALL L
 CITY-ST-ZIP 1022 N H ST
 LAKE WORTH FL 33460

TITLE ☒ Change ☐ Addition
 NAME VICE PRESIDENT
 STREET ADDRESS CASE, RANDALL
 CITY-ST-ZIP SAME

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME TREASURER
 STREET ADDRESS SCHAAF, ROSETTA
 CITY-ST-ZIP SAME

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

[Signature] PRESIDENT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/01
 Date

561 525-4400
 Daytime Phone #

CR2E034 (10/00)