

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91642 033 \*\*\*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**  
**335 SOUTH 3RD ST.**

**3. Mailing Address**  
**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
**LANTANA FL**

**City & State**

**4. FEI Number**  
**65-1000752**

**Applied For**  
**Not Applicable**

**Zip**  
**33462**

**Country**  
**Panama**

**Zip**

**Country**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

**Name**  
**Troy Schaff**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**335 S. 3RD ST.**  
**City**  
**LANTANA FL**  
**Zip Code**  
**33462**

**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]*

Signature, typed or printed name of registered agent and title (applicable).

(NOTE: Registered Agent signature required when reinstating)

**4/5/02**  
**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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	SCHAAF, TROY S	1022 N H ST	LAKE WORTH FL 33460	<input type="checkbox"/>
D	CASE, RANDALL L	1022 N H ST	LAKE WORTH FL 33460	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**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

**PRESIDENT**

**4/5/02 (561) 585-4380**  
**DATE** **Daytime Phone #**

CR2E034 (9/01)