FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 19, 2001 8:00 am Secretary of State **DOCUMENT # P00000045076** 04-16-2001 90021 010 ***150.00 FULL THROTTLE ENTERPRISES, INC. Principal Place of Business Mailing Address 1319 CAPE CÓRAL PARKWAY 1319 CAPE CORAL PARKWAY CAPE CORAL FL 33904 CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FE! Number 65-1005 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE **CORAL GABLES FL 33134** Zip Code purpose of changing its registered office or registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. . Change ☐ Addition Delete TITLE TITLE MCCARTHY, SUZANNE NAME NAME 1319 CAPE CORAL PARKWAY STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-ZIP CITY-ST-ZIP Change DANIEL SPARKS ☐ Addition ☐ Delete TITLE TITLE SPARKS, DANIEL C NAME NAME 1319 CAPE CORAL PARKWAY STREET ADDRESS STREET ADORES CAPE CORAL AL 33904 CITY-ST-ZIP CAPE CORAL FL 33904 CITY-ST-ZIP TITLE PA Change ☐ Addition TITLE Delete SPARKS, VIETTE T. SPARKS, YVETTE T NAME NAME 1319 CAPE CORAL PARKWAY STREET ADDRESS STREET ADDRESS CAPE CORAL-FL 33904 CAPE CORAL FL 33904 CITY-ST-ZIP --CITY-ST-ZIP Delete Addition TITLE ☐ Change TITLE MCCARTHY, KEVIN J NAME 1319 CAPE CORAL PARKWAY STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete ппе TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition MLE ☐ Delete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP 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 12 if SIGNATURE: