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FILED
Aug 22, 2001 8:00 am
Secretary of State

05-17-2001 91353 023 ****70.00
07-05-2001 90010 050 ****88.75

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000075816

1. Entity Name
EZEKIEL'S WHEELS, INCORPORATED

Principal Place of Business
**3805 THE LORD'S WAY
NAPLES 34 04104**

Mailing Address
**3805 THE LORD'S WAY
NAPLES 34 04104**

2. Principal Place of Business
3805 The Lord's Way
Suite, Apt. #, etc.

3. Mailing Address
3805 The Lord's Way
Suite, Apt. #, etc.

City & State
Naples, FL
Zip
34114

City & State
Naples, FL
Zip
34114

4. FEI Number ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**GILMORE, RICARDO L'ESQ.
ONE BANK OF AMERICA PLAZA
101 EAST KENNEDY BLVD., STE. 3200
TAMPA FL 33602**

7. Name and Address of New Registered Agent
Name: **Mallory, J. David**
Street Address (P.O. Box Number is Not Acceptable)
3805 The Lord's Way
City **Naples, FL** Zip Code **34114**

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

9. This corporation is eligible to elect 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 NAME STREET ADDRESS CITY - ST - ZIP	CO MALLORY, J. DAVID 3805 THE LORD'S WAY NAPLES 34 04104 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pres. Mallory, J. David 3805 The Lord's Way Naples, FL 34114 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	V. Pres. Mallory, Rebecca 3805 The Lord's Way Naples, FL 34114 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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:

PRINT NAME AND TITLE OF SIGNED OFFICER OR DIRECTOR

5/1/2001 941-774-1165
Date Daytime Phone