

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2002 8:00 am
Secretary of State

01-21-2002 90011 033 ***150.00

DOCUMENT # P01000014794

1. Entity Name
AMERICAN POWERTRAIN AND FLEET SERVICES, INC.

Principal Place of Business

1480 N.W. 38TH AVE
OCALA FL 34482

Mailing Address

PO BOX 771751
OCALA FL 34477

2. Principal Place of Business

1440 N.W. 38th Ave.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

4. FEI Number

59-3691519

Applied For

Not Applicable

Zip

34482

Country

USA

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

ALLEN, KIMBERLY D

16575 NE 45TH COURT
CITRA FL 32113

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, 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 **D** ☐ Delete
NAME **ALLEN, KIMBERLY D**
STREET ADDRESS **16575 NE 45TH COURT**
CITY-ST-ZIP **CITRA FL 32113**

TITLE **P, S** ☐ Change ☒ Addition
NAME **Kimberly D. Allen**
STREET ADDRESS **16575 NE 45th Court**
CITY-ST-ZIP **Citra, FL 32113**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V, T** ☐ Change ☒ Addition
NAME **Michael R. Allen**
STREET ADDRESS **16575 NE 45th Court**
CITY-ST-ZIP **Citra, FL 32113**

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
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TITLE ☐ Delete
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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:

KIMBERLY D ALLEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/02 (352) 369-0872

Date Daytime Phone #

CR2E034 (9/01)