

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91190 005 ***550.00

DOCUMENT # P01000027372

1. Entity Name
GOLF CART SPECIALIST, INC.

Principal Place of Business

908 SE 8TH PLACE UNIT A
CAPE CORAL FL 33909

Mailing Address

908 SE 8TH PLACE UNIT A
CAPE CORAL FL 33909

2. Principal Place of Business

2645 NE 9th Ave

Suite, Apt. #, etc.

Unit 2

City & State

Cape Coral FL

Zip

33990

Country

USA

3. Mailing Address

2645 NE 9th Ave

Suite, Apt. #, etc.

Unit 2

City & State

Cape Coral FL

Zip

33990

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

065-1106375

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MENGA, PAUL A

908 SE 8TH PLACE UNIT A

CAPE CORAL FL 33909

7. Name and Address of New Registered Agent

Name

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

2645 NE 9th Ave

Unit 2

City

Cape Coral

FL

Zip Code

33990

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

TITLE **PTD** ☒ Delete
 NAME **BANNIGAN, DAVID S**
 STREET ADDRESS **2307 SW 40TH STREET**
 CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE **VSD** ☐ Delete
 NAME **MENGA, PAUL A**
 STREET ADDRESS **504 SE 31ST TERRACE**
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)