

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90244 031 ***150.00

DOCUMENT # P01000062286

1. Entity Name
NEW SMYRNA BEACH SCOOTER SALES AND RENTALS, INC.



Principal Place of Business
110 FLAGLER AVENUE
NEW SMYRNA BEACH FL 32169

Mailing Address
110 FLAGLER AVENUE
NEW SMYRNA BEACH FL 32169

2. Principal Place of Business

323 FLAGLER AVE

3. Mailing Address

323 FLAGLER AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
NSB FL

City & State
NSB FL

4. FEI Number **65-1115358**

Applied For
Not Applicable

Zip
32169

Country
FLORIDA

Zip
32169

Country
FLORIDA

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

CUTLER, RONALD
1172 PELICAN BAY DRIVE
DAYTONA BEACH FL 32119

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D PESTINE, SHELDON
110 FLAGLER AVENUE
NEW SMYRNA BEACH FL 32169

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D PESTINE SHADDON
323 FLAGLER AVE
NSB FL 32169

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11 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

4-16-03

386-428-5800

Date

Daytime Phone #

CR2E034 (10/02)