

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P01000083450**

1. Entity Name

OCTANE ENTERPRISES, INC.

FILED

02 OCT 21 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDAPrincipal Place of Business
5156 ST ANDREWS ISLAND DR
VERO BEACH FL 32967Mailing Address
5156 ST ANDREWS ISLAND DR
VERO BEACH FL 32967

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3744130

Applied For

Not Applicable

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

HENDERSON, STEVE L
817 BEACHLAND BLVD
VERO BEACH FL 32963

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 State10. 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	<input type="checkbox"/> Delete
	D	RIDINGS-SHAFFER, B J	5156 ST ANDREWS ISLAND DR VERO BEACH FL 32967	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (9/01)

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 #

2/10/22/62

Attachment
ID# P01000083450

678823

ATTACHMENT TO 2002 UNIFORM BUSINESS REPORT
DOCUMENT # P01000083450
OCTANE ENTERPRISES, INC.

I AM HEREBY REQUESTING THAT THE \$400 LATE
FEE BE WAIVED.

THIS COMPANY WAS FORMED IN OCTOBER 2001.

IT DID NOT BECOME ACTIVE UNTIL 2002. THAT IS
WHEN IT OPENED FOR BUSINESS, HAD EMPLOYEES ETC.
BECAUSE OF THESE CIRCUMSTANCES, I WAS UNAWARE

OF THE NEED TO FILE THIS REPORT. NOW THAT I
AM AWARE OF THE NEED TO FILE, I AM PROMPTLY
PREPARING THIS REPORT.

THANK YOU FOR YOUR CONSIDERATION TO THIS REQUEST.

B. J. Ridings-Shaffer

B. J. RIDINGS-SHAFFER