

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90159 035 ***150.00

DOCUMENT # **PO1000092894**
1. Entity Name
MILITARY VEHICLES, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1930 Tyler Street
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Hollywood FL
Zip
33020
Country
USA

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Kurt Hilberth
Street Address (P.O. Box Number is Not Acceptable)
1930 Tyler Street
City
Hollywood **FL** Zip Code
33020

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]

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

(NOTE: Registered Agent signature required when reinstating)

4-26-02
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY - ST - ZIP	President & Director Kurt Hilberth 1930 Tyler Street Hollywood FL 33020
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V.P. & Director Stephen Bacev 1112 N. Northlake DR Hollywood FL 33019
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Mark Pockidge - Secretary/Treasurer/Director 2500 Middle River DR. Ft. Lauderdale FL 33305
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02 954 925 8080

Date

Daytime Phone #

CR2E034B (12/01)