

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90898 026 ***150.00

DOCUMENT # P02000019721

1. Entity Name
AMERICAN INSTITUTE OF MOTORCYCLE SAFETY & TRAINING, INC.



Principal Place of Business
**5844 PARKVIEW POINT DRIVE
ORLANDO FL 32821**

Mailing Address
**5844 PARKVIEW POINT DRIVE
ORLANDO FL 32821**



2. Principal Place of Business

4327 S. Hwy 27

3. Mailing Address

4327 S. Hwy 27

Suite, Apt. #, etc.

Suite 123

Suite, Apt. #, etc.

Suite #123

City & State

CLERMONT, FLORIDA

City & State

CLERMONT, FLORIDA

Zip

34711

Country

USA

Zip

34711

Country

U.S.A.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

04-3611265

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.

1840 SW 22ND ST.

4TH FLOOR

MIAMI FL 33145

7. Name and Address of New Registered Agent

Name

VICKEY BARDEN

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

428 SELKIRK DRIVE

City

WINTER PARK

FL

Zip Code

32792

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

Vickey Barden **Vickey P. BARDEN**

02/21/2003

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE **PD** ☐ Delete
NAME **TORRES, PETER A**
STREET ADDRESS **5844 PARKVIEW POINT DRIVE**
CITY-ST-ZIP **ORLANDO FL 32821**

TITLE **VD** ☒ Delete
NAME **LANTZ, KARON D**
STREET ADDRESS **5844 PARKVIEW POINT DRIVE**
CITY-ST-ZIP **ORLANDO FL 32821**

TITLE **STD** ☐ Delete
NAME **SCHULT, JUDITH A**
STREET ADDRESS **5844 PARKVIEW POINT DRIVE**
CITY-ST-ZIP **ORLANDO FL 32821**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDC** ☒ Change ☐ Addition
NAME **TORRES, PETER A**
STREET ADDRESS **4327 S. HWY 27 Suite 123**
CITY-ST-ZIP **CLERMONT, FL 34711**

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

TITLE **VD** ☒ Change ☐ Addition
NAME **TORRES, JUDITH A**
STREET ADDRESS **4327 S. HWY 27 Suite 123**
CITY-ST-ZIP **CLERMONT, FL 34711**

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

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

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

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:

Peter A. Torres **PETER A. TORRES P.D.**

02/25/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)