2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000049520 DOCUMENT # 1. Entity Name

MOMENTUM TIMING INC



FILED May 01, 2003 8:00 am & Secretary of State

05-01-2003 90994 034 ***150.00

| MOMEN | , om mand, 110. | / | | | | | | | |
|---|--|------------------------------------|---|-------------------------------|--|-------------------------|--------------------|-------------------------------|-----|
| Principal Place of Business PO BOX 6639 VERO BCH FL 32961 Mailing Address PO BOX 6639 VERO BCH FL 32961 VERO BCH FL 32961 | | | | | | 1100 1100 1100 1100 110 | | | |
| 2. Principal Place of Business | | 3. Mailing Address 55 WINDSOR LANE | | | | | | | |
| Suite, Apt | t. #, etc. | Suite, Apt. #, etc. | | | K CHECK HER | E IF MAKING (| CHANGE | s | |
| City & State | | PALM BEACH GARDENS, 7L | | FL. | 4. FEI Number 03-0456658 | | | Applied For Not Applicable | |
| Zip | Country | 33418 | Country U.S.A | | 5. Certificate of Status Desired | | 8.75 A ee Requi | dditional ired |] |
| | 6. Name and Address of Curre | | | | 7. Name and Address of New | Registered Ag | jent | |] |
| KRUSE, | TERRANCE | | Nar | PHILIF | W. MILTON | | · | |] |
| 4305 62 | | | ي الحجاد | et Address (P. WIND | O. Box Number is Not Acceptable SOR LANE | ole) | | | |
| VERO BO | CH FL 32967 | | | | | | | | 1 |
| | | | PAIN | M REAC | H GARDENS | FL | Zip Co | ide Ul R | 1 |
| 8. The abov | e named entity submits this statement | for the purpose of changing | | | | Florida. I am fai | miliar wit | n, and accept | 1 |
| SIGNATURE | Ship William | PHILIP W. | MILTON | , | | 4-29 | 7-03 | | |
| OIGHVII OILE | Signature, typed or printed name of registered age | ent and title if applicable. | (NOTE: Registered Agent | signature required w | hen reinstating) | DATE | | | |
| Afte | FILE NOW!!! FEE IS \$150.00 or May 1, 2003 Fee will be \$550.00 ok Payable to Florida Department | 11 | | | 9. Election Campaign f Trust Fund Contribut | ~ — | | .00 May Be ed to Fees | |
| 10. | <u>`</u> | ID DIRECTORS | 11, | | ADDITIONS/CHANGES TO OF | EICEDO AND F | UDECTO | DC IN 11 | - |
| TITLE | D OFFICERS AN | Delete | TITLE | | ADDITIONS/CHANGES TO U | | Change | | - 5 |
| NAME | KRUSE, TERRANCE | CLI DOIGIO | NAME | | | ' | | | 100 |
| STREET ADDRESS CITY-ST-ZIP | 4305 62 CT VERO BCH FL 32967 | | STREET ADDR CITY-ST-ZIP | | | | | | 100 |
| TITLE | D | ☐ Delete | TITLE | | | . [| Change | Addition | 1 6 |
| NAME STREET ADDRESS | MILTON, PHIL 55 WINDSOR LANE | | NAME STREET ADDR | ess. | | | | | |
| CITY-ST-ZIP | PALM BCH GARDENS FL 3341 | 8 | CITY-ST-ZIP | | | | | | |
| TITLE | D. | ☐ Delete | TITLE | | | [| Change | Addition | |
| NAME STREET ADDRESS | GEHRKE, RONALD II 1913 22 AVENUE | | NAME Street Addr | EGG | | | | | |
| CITY-ST-ZIP | VERO BCH FL 32960 | | CITY-ST-ZIP | | | | | | |
| TITLE | | ☐ Delete | TITLE | | | [| Change | Addition | 1 |
| NAME | | | NAME | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDR CITY-ST-ZIP | L | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | Change | ☐ Addition | 1 |
| NAME | 1 | | NAME | | | • | - " | _ | |
| STREET ADDRESS CITY-ST-ZIP | } | | STREET ADOR | ESS | | | | | |
| TITLE | | Delete | TITLE | | | г | Change | ☐ Addition | 1 |
| NAME | | -1 D81616 | NAME | | | ٠ . | | | |
| STREET ADDRESS | 1 | | STREET ADOR | ESS | | | | | |
| 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 of 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 address, with the information

SIGNATURE: