2002 Uniform Business Report (UBR)

SIGNATURE:

Apr 12, 2002 8:00 am Secretary of State P27629 DOCUMENT # 1. Entity Name FLORIDA WHEELS, INC. 04-12-2002 90001 048 ***150.00 Principal Place of Business Mailing Address 3611 3RD ST W 8026 COLLINGWOOD CT **BRADENTON FL 34205-8947 UNIVERSITY PARK FL 34201** US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-1875407 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DANNA, BETTY ANN Street Address (P.O. Box Number is Not Acceptable) 8026 COLLINGWOOD CT **UNIVERSITY PARK FL 34201** City Zip Code 8. The above named entity submits this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be "Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. _ Added to Fees (See criteria on back) Make Check Payable to Department of State 11.1 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 🕃 (9/01) ☐ Delete TITLE Change ☐ Addition DANNA, BETTY ANN NAME NAME 8026 COLLINGWOOD CT STREET ADDRESS STREET ADDRESS **UNIVERSITY PARK FL 34201** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME DANNA, BETTY ANN NAME STREET ADDRESS 8026 COLLINGWOOD CT STREET ADDRESS CITY-ST-ZIP UNIVERSITY PARK FL 34201 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Addition FT1 = 58-1875-4 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI E ☐ Delete TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. 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