FILED

## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## Apr 09, 2001 8:00 am Secretary of State DOCUMENT # P95000022801 TROPICAL MOTORS OF POMPANO BEACH, INC. 04-09-2001 90066 036 \*\*\*150.00 Principal Place of Business Mailing Address PO BOX 5749 200 S.W. 6TH ST. POMPANO BEACH FL 33060 LAKE WORTH FL 33466 C0043515 2. Principal Place of Business 3. Mailing Address HGWY 600 S. DIXIC Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0567297 ompano Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired SA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NATALE, FRANK Street Address (P.O. Box Number is Not Acceptable) 524 N COUNTRY CLUB DR LANTANA FL 33462 City Zip Code FI 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See critería on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) DPST TITLE Delete BRANDON SIMEN SPELLMAN, THOMAS NAME NAME GOOS, DIXLE HIGHWAY STREET ADDRESS STREET ADDRESS 200 S.W. 6TH ST. POMPANO BEACH, FL 33060 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33060 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete 1 ~ Change ☐ 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 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. 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 allyother like empowered.