

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90113 044 ***150.00

DOCUMENT # P95000044479

1. Entity Name
FEROCIOUS MOTORCYCLE PARTS / SALVAGE, INC.

Principal Place of Business # Mailing Address
3001- 4TH TERRACE N.W. #175 3001- 4TH TERRACE N.W.
POMPANO BEACH, FL 33064 POMPANO BEACH #175
FL, 33064

C0040407

DO NOT WRITE IN THIS SPACE

Principal Place of Business Suite, Apt. #, etc. City & State Zip Country

3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

210-N. UNIVERSITY DR.
 502.
 CORAL SPRINGS, FL
 33071 U.S.A.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

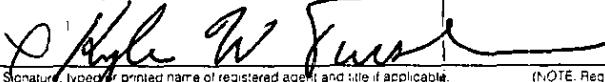
Name **KYLE W. TUSSLER**

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

210-N. UNIVERSITY DR. STE #502

City **CORAL SPRINGS** FL Zip Code **33071**

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  DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME KYLE W. TUSSLER	<input type="checkbox"/> Delete	TITLE PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 3001- 4TH TERRACE #175 N.W.		STREET ADDRESS 210-N. UNIVERSITY DR. STE #502	
CITY-ST-ZIP POMPANO BEACH, FL 33064		CITY-ST-ZIP CORAL SPRINGS, FL 33071	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 all other like empowered.

SIGNATURE:  **KYLE W. TUSSLER** 3/13/00 954 346-7288

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)