2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2001 08:00 AM
Secretary of State

DOCUMENT # **P95000049228**

1. Entity Name
MOTO MOTORS, INC.

Principal Place of Business	Mailing Address
4466 S. ORANGE BLOSSOM TRAIL	4466 S. ORANGE BLOSSOM TRAIL
KISSIMMEE FL 34746	KISSIMMEE FL 34746

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3321090** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MACKENS ROLF
619 MOSS PARK COURT
KISSIMMEE FL
34743 US

7. Name and Address of New Registered Agent

Name
MACKENS ROLF
Street Address (P.O. Box Number is Not Acceptable)
4470 SOUTH ORANGE BLOSSOM TRAIL
City KISSIMMEE **FL** Zip Code 34746

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 **ROLF MACKENS** **01/23/2001**
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 Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M CLARK STEPEN R 1820 WARRINGWOOD ORLANDO FL 32839	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS MACKENS TAMMY M 619 MOSS PARK CT KISSIMMEE FL 34743	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS MACKENS TAMMY M 4470 SOUT ORANGE BLOSSOMTRAIL KISSIMMEE FL 34746	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS MACKENS ROLF 619 MOSS PARK CT KISSIMMEE FL 34743	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS MACKENS ROLF 4470 SOUTH ORANGE BLOSSOM TRAIL KISSIMMEE FL 34746	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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 all other like empowered.

SIGNATURE: Rolf Mackens P 01/23/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #