## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 18, 2002 8:00 am § DOCUMENT # P95000063766 **Secretary of State** 1. Entity Name 03-18-2002 90066 011 \*\*\*150.00 KOKOPELLI MOTOR COMPANY, INC. Principal Place of Business Mailing Address POST OFFICE BOX 1561 161 GOLDSBY ROAD DESTIN FL 32540 LINIT D-6 SANTA ROSA BEACH FL 62459 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3341211 Not Applicable Zip . Country 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 CLARGHCE D. III BAIN. BAIN, CLARENCE D III Street Address (P.O. Box Number is Not Acceptable) 8003 LEGEND CREEK DRIVE 711 CONFEDERATE DESTIN FL 32541 Zip Code 3256) City GULF BREEZE 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 CLARENCE D. BAIN, III SIGNATURE Signature, typed or printed name of registered agent and title applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. (9/01) TITLE ☐ Delete TITLE Addition NAME BAIN, CLARENCE D III NAME STREET ADDRESS 8003 LEGEND CREEK DRIVE STREET ADDRESS CITY-ST-ZIP CIT`. #ST-ZIP DESTIN FL 32541 ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

**CR2E034** 

MREDWRENCE D. BAIN, ILL SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIG