

FILE NOW: FILING FEE AFTER MAY 1 IS \$200

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF REVENUE  
Sandra B. Morthland  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000068350 (4)

1. Corporation Name

UNIMOTORCYCLE PRODUCTIONS, INC.

Principal Place of Business

4680 CEDAR ROAD  
NEW SMYRNA BEACH FL 32168

Mailing Address

4680 CEDAR ROAD  
NEW SMYRNA BEACH FL 321



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

City

24

25

29

30

9. Name and Address of Current Registered Agent

BURT, DAVID A  
501 SO. RIDGEWOOD AVENUE  
DAYTONA BEACH FL 32114

3. Date Incorporated or Qualified

08/31/1995

3a. Date of Last Report

4. FEI Number

59-3353538

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

10. Name and Address of New Registered Agent

1. Name

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

3.

4. City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
D  
NASSAU, WILLIAM  
STREET ADDRESS  
4680 CEDAR ROAD  
CITY-ST-ZIP  
NEW SMYRNA BEACH FL 32168

TITLE ☐ DELETE

NAME  
Director & Vice President  
Donna M. Knuth  
STREET ADDRESS  
4663 CEDAR ROAD  
CITY-ST-ZIP  
NEW SMYRNA, FL 32168

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE ☐ Change ☒ Addition

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William Nassau* WILLIAM NASSAU

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96 1904228-3055  
Date Daytime Phone #

CR2E034 (12/95)