

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-27-2001 90030 048 ***158.75

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DOCUMENT # P95000080347

1. Entity Name

ELECTRIC MOTORS, INC.

Principal Place of Business

1779D S ORANGE BLOSSOM TRAIL
 APOPKA FL 32703

Mailing Address

1779D S ORANGE BLOSSOM TRAIL
 APOPKA FL 32703

2. Principal Place of Business

11257 S. Orange Blossom Trail

Suite, Apt. #, etc.

Suite 203

City & State

Orlando, FL

Zip

32837

Country

3. Mailing Address

11257 S. Orange Blossom Trail

Suite, Apt. #, etc.

Suite 203

City & State

Orlando, FL

Zip

32837

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3348827

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SHAMIEH, FAROOG

**1779-D SOUTH ORANGE BLOSSOM TRAIL
 APOPKA FL 32703**

7. Name and Address of New Registered Agent

Name

SHAMIEH FAROOG

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

11257 S. Orange Blossom Trail

Suite 203

City

Orlando

FL

Zip Code

32837

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

Shamieh Faroog

FAROOG SHAMIEH.

3-22-2001

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SHAMIEH, FAROOG**
 CITY-ST-ZIP **12524 BOHANNON BLVD
 ORLANDO FL 32824**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SHAMIEH, ANITA**
 CITY-ST-ZIP **12524 BAHANNON BLVD
 ORLANDO FL 32824**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 all other like empowered.

SIGNATURE:

Shamieh Faroog

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-2001

Date

407-855-6800

Daytime Phone #

CR2E034 (10/00)