

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90283 010 ***150.00

DOCUMENT # P95000080971

1. Entity Name

DOUBLE N MOTOR COMPANY, INC.



DO NOT WRITE IN THIS SPACE

90066241

2. Principal Place of Business

2090 S. NOVA Rd

3. Mailing Address

309 Powerline Rd

Suite, Apt. #, etc.

A109

Suite, Apt. #, etc.

—

City & State

South DAYTONA FL

City & State

New Smyrna Bch FL

Zip

32119

Country

Volusia

Zip

32168

Country

Volusia

4. FEI Number

59-0431863

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ZEIDAN, NOUHA M

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

2090 S. NOVA Rd

City

South Daytona

FL

Zip Code

32119

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Nouha Zeidan

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

Nouha Zeidan

Signature of Registered Agent (signature required when reinstating)

3-27-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PSTD
NAME Nouha M Zeidan
STREET ADDRESS 2090 S. NOVA Rd
CITY-ST-ZIP S. Daytona FL 32168

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Nouha Zeidan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nouha Zeidan

3-27-03 (386) 409-365

Date

Daytime Phone #

CR2E034B (12/02)