

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-11-2003 90054 025 ***150.00
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DOCUMENT # P95000090438

1. Entity Name
FLORIDA MOTORCYCLE TRAINING, INC.



03 NOV -3 PM 12:52

Principal Place of Business
5671 PINE AVENUE
ORANGE PARK FL 32003

Mailing Address
5671 PINE AVENUE
ORANGE PARK FL 32003

REINSTATEMENT 03



2. Principal Place of Business
6954 SW 100TH TERR
Suite, Apt. #, etc.

3. Mailing Address
6954 SW 100TH TERR
Suite, Apt. #, etc.

City & State
HAMPTON FL

City & State
HAMPTON FL

4. FEI Number 59-3347418

Applied For
Not Applicable

Zip Country
32044 USA

Zip Country
32044 USA

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

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, LARRY E
5671 PINE AVENUE
ORANGE PARK FL 32073

Name
SAMUEL R. SMITH
Street Address (P.O. Box Number Is Not Acceptable)
6954 SW 100TH TERR.

City HAMPTON FL Zip Code 32044

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 *Samuel R. Smith* 07-08-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, LARRY E 5671 PINE AVENUE ORANGE PARK FL 32003	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMITH, LARRY E 5671 PINE AVENUE ORANGE PARK FL 32003	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, LARRY E 5671 PINE AVENUE ORANGE PARK FL 32003	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SAMUEL R. SMITH 6954 SW 100TH TERR. HAMPTON FL 32044	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MICHAEL F. CREWE 6954 SW 100TH TERR. HAMPTON FL 32044	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HEIDI M. SMITH 6954 SW 100TH TERR. HAMPTON FL 32044	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Samuel R. Smith* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

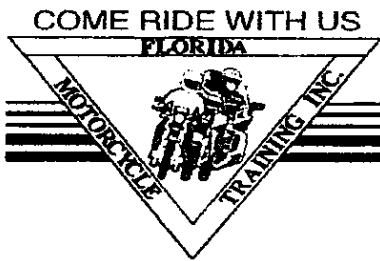
07-08-03

Date

1-866-748-7433

Daytime Phone #

CR2E034 (4/03)



Florida Motorcycle Training, Inc.

6954 SW 100th Terrace

Hampton, FL 32044

July 9, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

We received this notice in the mail stating that the fee was \$550.00 (\$150 filing fee + \$400 late fee). We do not understand this, as we never received the first notice. In the past years we have received the first notice and we have paid in a timely manner. Any consideration you can give us in this matter would be greatly appreciated.

Enclosed is the \$150.00 filing fee and your assistance on the late fee would be appreciated.

If you have any questions regarding this matter, please don't hesitate to call us at 866-748-7433.

Sincerely,

Samuel R. Smith
President