

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 15, 2001 8:00 am
Secretary of State

04-27-2001 90224 005 ***150.00

DOCUMENT # P96000041586

1. Entity Name
MIRACLE MOTORS, INC.

Principal Place of Business Mailing Address

1367 E. LAFAYETTE ST. **1367 E. LAFAYETTE ST.**
TALLAHASSEE FL 32301 **TALLAHASSEE FL 32301**

2. Principal Place of Business 3. Mailing Address

2084 N. MONROE ST. **2084 N. MONROE ST**
 Suite, Apt. #, etc. Suite, Apt. #, etc.


City & State City & State

Tallahassee, FL **Tallahassee, FL**

Zip Country Zip Country

32303 **USA** **32303** **USA**

74413



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3379809** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HISS, PHILIP H
527 EAST VAN BUREN STREET
TALLAHASSEE FL 32301-4470

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1816 WOODGATE WAY

TALLAHASSEE FL 32312

City State Zip Code

FL **32312**

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 _____ DATE _____

Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MCELVY, EVA R	527 E. VAN BUREN ST.	TALLAHASSEE FL 32301	<input type="checkbox"/>
T	HISS, PHILIP H	527 E. VAN BUREN STREET	TALLAHASSEE FL 32301	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		1816 WOODGATE WAY	Tallahassee FL 32312	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1816 Woodgate Way	Tallahassee FL 32312	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  **4/28/01** **850-240-816**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)