

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

DOCUMENT # *P-96 000041586*

(1) Entity Name

MIRACLE MOTORS, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUN 19 PM 2:22

DO NOT WRITE IN THIS SPACE

900021279199
07/02/03--01071--005 **61.25

(2) Principal Place of Business

2088 NORTH MONROE ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

4. FEI Number

59-3379809

Applied For

Not Applicable

Zip

32303

Country

LISA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

(7) Name and Address of Current Registered Agent

Name *PHILIP H. HISS*

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

1816 WOODGATE WAY

City *TALLAHASSEE*

FL

Zip Code

32308

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

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 *P. ST.*
NAME *PHILIP HANSON HISS, IV*
STREET ADDRESS *2088 NORTH MONROE ST.*
CITY-ST-ZIP *TALLAHASSEE, FL 32303*

TITLE *VP*
NAME *EVA RENEE M. ELVY*
STREET ADDRESS *1816 WOODGATE WAY*
CITY-ST-ZIP *TALLAHASSEE, FL 32308*

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/19/03

Date

215-8161

Daytime Phone #

CR2E034B (12/01)