

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P46000055194

1. Entity Name

FLORIDA INTERMOTORS, INC.



FILED

05 OCT 25 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Roberts OCT 31 2005

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business

6120 POWERS AV.

3. Mailing Address

P.O. Box 57397

Suite, Apt. #, etc.

6

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE, FL

Zip

32217

Country

DUVAL

Zip

32241

Country

DUVAL

4. FEI Number

59-3386312

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

FELIX DYKANE

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

10478 WISCANE AV.

City

ORLANDO

FL

Zip Code

32836

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

Felix Dykane / FELIX DYKANE / PRESIDENT 09-15-05

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

(NOTE: Registered Agent signature required when reinstating)

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DIRECTOR  
FELIX DYKANE  
10478 WISCANE AVE.  
ORLANDO, FL 32836

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

800060189828  
10/03/05--01069--007 \*\*\$150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10/25/05--01071--009 \*\*\$400.00  
800060189828  
10/25/05--01071--009 \*\*\$400.00

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CITY-ST-ZIP

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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: Felix Dykane / FELIX DYKANE 09-15-05 (904) 9108085

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)