

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000075493

1. Entity Name

MOTOR CITY OF CAPE CORAL, INC.

FILED

02 JUL 16 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

924 DEL PRADO BOULEVARD #A
CAPE CORAL FL 33990

Mailing Address

924 DEL PRADO BOULEVARD #A
CAPE CORAL FL 33990

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0693372

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANSSON, LARS

3613 DEL PRADO BOULEVARD
CAPE CORAL FL 33904

Name

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

City

FL

Zip Code

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

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)



FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP
D MANSSON, LARS
3613 DEL PRADO BOULEVARD
CAPE CORAL FL 33904



TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP
D MANSSON, ANDERS
3613 DEL PRADO BOULEVARD
CAPE CORAL FL 33904



TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP
S MANSSON, MARIE
3613 DEL PRADO BLVD
CAPE CORAL FL 33904



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



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****150.00 ****150.00

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



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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marie Mansson

7/8-02

209-574-2800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

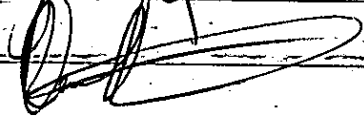
CR2E034 (4/02)

Attachment P96000075493

To whom it may concern,

I just received a bill for \$550 for a UBR 2002. I had an old book keeper who left us in February who was in charge of all of this. I was under the impression that she left on good terms and all was taken care of. I am enclosing the original processing fee of \$150 in hopes that you understand my position. If you have any questions or comments please call me.

Thank You



Marie Mansson

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