

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2003 8:00 am
Secretary of State

01-30-2003 90180 039 ***150.00

DOCUMENT # P97000049799

1. Entity Name
AMERICAN TURBO SYSTEMS, INC.



Principal Place of Business
**3435 ENTERPRISE AVE #50
NAPLES FL 34104**

Mailing Address
**3435 ENTERPRISE AVE #50
NAPLES FL 34104**



2. Principal Place of Business

4505 Mercantile Ave

3. Mailing Address

4505 Mercantile Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Naples, FL

City & State
Naples, FL

4. FEI Number **65-0758092**

Applied For
☐ Not Applicable

Zip **34104** Country **USA**

Zip **34104** Country **USA**

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

6. Name and Address of Current Registered Agent

**MOISAN, MARK
3435 ENTERPRISE AVE #50
NAPLES FL 34104**

7. Name and Address of New Registered Agent

Name **MARK MOISAN**
Street Address (P.O. Box Number is Not Acceptable)
4505 Mercantile Ave
City **Naples** FL Zip Code **34104**

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.

President/Director 1/24/03
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

TITLE **D** ☐ Delete
NAME **MOISAN, MARK C.**
STREET ADDRESS **3435 ENTERPRISE AVE #50**
CITY-ST-ZIP **NAPLES FL 34104**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4505 Mercantile Ave**
CITY-ST-ZIP **Naples, FL 34104**

TITLE ☐ Change ☐ Addition
NAME
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/03 239.403.0347
Date Daytime Phone #

CR2E034 (10/02)