

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000089715

1. Entity Name

POWERSPORTS OF BOCA RATON, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90187 011 \*\*\*150.00

Principal Place of Business

7750 N FEDERAL HWY  
 BOCA RATON FL 33487

Mailing Address

7750 N FEDERAL HWY  
 BOCA RATON FL 33487-1695

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

215 5th Street

Suite, Apt. #, etc.

Suite 108

City & State

City & State  
 WPB, Florida

4. FEI Number

65-0795335

Applied For

Not Applicable

Zip

Country

Zip

33401

Country

USA

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

GIORDANO, JOHN N  
 220 S. FRANKLIN ST.  
 TAMPA FL 33602

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.

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 \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
 NAME HEATON, LEE W  
 STREET ADDRESS 215 5TH ST, SUITE 108  
 CITY-ST-ZIP W. PALM BEACH FL 33401 ☐ Delete

TITLE Vice President  
 NAME ☒ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE President/Secretary  
 NAME Heaton, Linn O  
 STREET ADDRESS 215 5th Street, Suite 108  
 CITY-ST-ZIP WPB, Fla 33401 ☐ Change ☒ Addition

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 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:

*John N. Giordano*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24 561-832-1039

CR2E034 (9/99)