

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000096135

1. Entity Name

NEW SMYRNA MOTORS, INC.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90019 032 ***150.00

Principal Place of Business

1180 N. DIXIE FREEWAY
NEW SMYRNA BEACH FL 32168
US

Mailing Address

1655 NORTH ATLANTIC AVE.
~~NEW SMYRNA BEACH FL 32169-2103~~

2. Principal Place of Business

SAME

3. Mailing Address

1180 N. DIXIE FREEWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

New Smyrna Beach FL

Zip

Country

32168

FLORIDA

4. FEI Number **59-3477974**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BALDWIN, CHARLES G
1655 NORTH ATLANTIC AVE.
NEW SMYRNA BEACH FL

7. Name and Address of New Registered Agent

Name

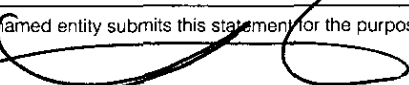
Street Address (P.O. Box Number is Not Acceptable)

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  **Kevin Hammond, Pres.**

(NOTE: Registered Agent signature required when reinstating)

3.14.00

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

TITLE **D** ☒ Delete
NAME **BALDWIN, CHARLES G**
STREET ADDRESS **1655 NORTH ATLANTIC AVE.**
CITY-ST-ZIP **NEW SMYRNA BEACH FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition
NAME **KEVIN HAMMOND**
STREET ADDRESS **1180 N. DIXIE FREEWAY**
CITY-ST-ZIP **NEW SMYRNA BEACH, FL 32168**

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

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

TITLE ☐ Change ☐ Addition
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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, without other like empowered.

SIGNATURE:  **Kevin Hammond**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.14.00

Date

904.428.4988

Daytime Phone #

CR2E034 (9/99)