

2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Jun 19, 2000 8:00 am
Secretary of State

05-15-2000 90187 044 ***150.00

DOCUMENT # P97000108466

1. Entity Name

POWERSPORTS OF HOLLYWOOD, INC.

Principal Place of Business

215 5TH ST., STE. 108
 WEST PALM BEACH FL 33401

Mailing Address

215 5TH ST., STE. 108
 WEST PALM BEACH FL 33401-4026

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0809085**

Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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

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

TITLE **PD**
 NAME **HEATON, LINN D**
 STREET ADDRESS **215 5TH ST., STE. 108**
 CITY-ST-ZIP **WEST PALM BEACH FL 33401**

☐ Delete

TITLE **VD**
 NAME **HEATON, LEE W**
 STREET ADDRESS **215 5TH ST. STE 108**
 CITY-ST-ZIP **W. PALM BEACH FL 33401**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President/Secretary**
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE **Vice President**
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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:

Linn Heaton
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24

Date

561-832-1039

Daytime Phone #

Linn
 Heaton
 President

Linn Heaton
 Pres.

CR2E034 (9/99)