## 2000 UNIFORM BUSINESS REPORT (UBR)

5/: FILED DOCUMENT # P97000108472 Jun 19, 2000 8:00 am Secretary of State 1. Entity Name POWERSPORTS OF LONG BEACH, INC. 05-15-2000 90187 045 \*\*\*150.00 Mailing Address Principal Place of Business 215 5TH ST., STE. 108 215 5TH ST., STE, 108 WEST PALM BEACH FL 33401-4026 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite. Act. #. etc. Applied For City & State 4. FEI Number City & State 65-0804470 Not Applicable \$8.75 Additional Country Country Zio 5, Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GIORDANO, JOHN N Street Address (P.O. Box Number is Not Acceptable) 220 SOUTH FRANKLIN ST. TAMPA FL 33602 Zip Code City 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 DATE (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. Atter MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. 66/6) Change ☐ Addition President/ TITLE Delete TITLE NAME HEATON, LINN D NAME CR2E034 STREET ADDRESS 215 5TH ST., STE. 108 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 Addition ☐ Change President Delete TITLE Vice TITLE Lee Wio8 NAME NAME STREET ADDRESS STREET ADDRESS 33401 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete THE -TITLE + NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition. . 🔄 Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CHY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

TITLE NAME

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