2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000026630** Apr 18, 2000 8:00 am Secretary of State 1. Entity Name NUCAR MOTOR COMPANY, INC. 04-18-2000 90147 011 ***150.00 Principal Place of Business Mailing Address 6306 S.E. 113TH ST., BUILDING A-7 6306 S.E. 113TH ST., BUILDING A-7 RELLEVIEW FL 34420 **BELLEVIEW FL 34420** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3513436 Not Applicable \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DENNEY, SUSAN F Street Address (P.O. Box Number is Not Acceptable) 12568 S.E. 36TH AVE. BELLEVIEW FL 34420 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. ☐ Addition Change ☐ Delete TITLE DENNEY, SUSAN F NAME STREET ADDRESS STREET ADDRESS 12568 S.E. 36TH AVE. CITY-ST-ZIP CITY-ST-ZIP **BELLEVIEW FL 34420** Change ☐ Addition ☐ Delete TITLE TITLE NAME FLEINER, SLADE A NAME STREET ADDRESS STREET ADDRESS 12568 SE 36TH AVE CITY-ST-7/P CITY-ST-ZIP **BELLEVIEW FL 34420** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET-ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS 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:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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