

2000 UNIFORM BUSINESS REPORT (UBR)

5/9

FILED

Jun 19, 2000 8:00 am
Secretary of State

05-09-2000 90101 036 ***150.00

DOCUMENT # P98000048664

1. Entity Name

POWERSPORTS OF FORT LAUDERDALE, INC.

Principal Place of Business

Mailing Address

215 FIFTH STREET
SUITE 108
WEST PALM BEACH FL 33401

215 FIFTH STREET
SUITE 108
WEST PALM BEACH FL 33401-4026

2. Principal Place of Business

3. Mailing Address

1090 W. Sunrise Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ft Lauderdale, FL

City & State

4. FEI Number

65-0842538

Applied For

Not Applicable

Zip 33311

Country USA

Zip

Country

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
200 SOUTH FRANKLIN STREET
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 STE 108
CITY-ST-ZIP WES PALM BEACH FL 33401 ☐ Delete

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

TITLE VD
NAME HEATON, LINN D
STREET ADDRESS 215 5TH ST STE 108
CITY-ST-ZIP WES PALM BEACH FL 33401 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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 118.07(3)(l), 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

Date

Daytime Phone #

Linn Heaton Pres.

CR2E014 13/9/01