2000 UNIFORM BUSINESS REPORT (UBR)

Mailing Address 1021 PALM VIEW DR.

3. Mailing Address

Suite, Apt. #, etc.

DAYTONA BEACH FL 32119-2472

DOCUMENT # **P98000054184**

FULL THROTTLE WATERCRAFT COMPANY, INC.

Principal Place of Business

BEACH FL 32119

2. Principal Place of Business

PALM VIEW OR.

Suite, Apt. #, etc.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIF

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

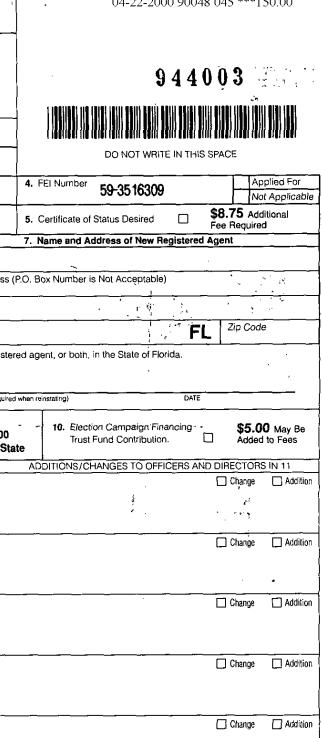
CITY-ST-ZIP

CITY-ST-ZIP

TITLE

FILED Apr 22, 2000 8:00 am Secretary of State

04-22-2000 90048 045 ***150.00



☐ Change

☐ Addition

City & State City & State و موا بسدنا Zip Zip Country Country 6. Name and Address of Current Registered Agent Name HANDEVIDT, ROBERT Street Address (P.O. Box Number is Not Acceptable) 977 DEER SPRINGS ROAD PORT ORANGE FL 32119 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) - FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. 11. (66/6)PD ☐ Delete TITLE TITLE HANDEVIDT, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 977 DEER SPRINGS ROAD CITY-ST-ZIP CITY-ST-ZIP PORT ORANGE FL 32119 TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE NAME NAMÉ

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME

TITLE

NAME

TITLE NAME

Delete

☐ Delete

☐ Delete

4.

13. I hereby certify that the information supplied with this filling 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