2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000003086 Aug 01, 2000 8:00 am Secretary of State PROPULSION SUPPLY GROUP, INC. 05-24-2000 90060 025 \*\*\*150.00 Mailing Address Principal Place of Business 2264 6TH AVENUE SOUTHEAST 2264 6TH AVENUE SOUTHEAST VERO BEACH FL 33064-7439 VERO BEACH FL 32962 3. Mailing Address 2. Principal Place of Business 3820 N 3*820 NE* Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 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 (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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Addition **PSTD** ☐ Delete TITLE TITLE CORRIE NAME RENT CORRIE, BRENT R NAME 20 NE 23rd Ave STREET ADDRESS STREET ADDRESS 2264 6TH AVENUE SOUTHEAST CITY ST-71P CITY-ST-ZIP VERO BEACH FL 32962 ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change \_\_ Addition. Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Change ☐ Addition Delete TITLE \$7. TITLE NAME 证据《统计》则证据组织 NAME STREET ADDRESS STREET ADDRESS COME RECES CITY-ST-ZIP Change ☐ Delete Addition 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. SIGNATURE: