

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000019544

1. Entity Name  
WIRETEC IGNITION, INC.

**FILED**  
**Mar 13, 2000 8:00 am**  
**Secretary of State**

03-13-2000 90043 045 \*\*\*150.00

Principal Place of Business  
392 NEW WATERFORD PLACE  
LONGWOOD FL 32779-5660

Mailing Address  
392 NEW WATERFORD PLACE  
LONGWOOD FL 32779-5660

2. Principal Place of Business  
2402 CLARK STREET  
Suite, Apt. #, etc.

3. Mailing Address  
2402 CLARK STREET  
Suite, Apt. #, etc.

City & State  
APOPKA FL  
Zip  
32703  
Country  
USA

City & State  
APOPKA FL  
Zip  
32703  
Country  
USA

4. FEI Number  
59-3562216  
Applied For  
Not Applicable

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

DVORES, HARRIS N  
200 E. ROBINSON ST. STE. 1250  
ORLANDO FL 32801

Name  
BRIAN W. MOORE  
Street Address (P.O. Box Number is Not Acceptable)  
392 NEW WATERFORD PLACE  
City  
LONGWOOD FL Zip Code  
32779

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 *Brian W. Moore* BRIAN W. MOORE 2/03/00  
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	D PRESIDENT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MOORE, BRIAN W			NAME			
STREET ADDRESS	392 NEW WATERFORD PLACE			STREET ADDRESS			
CITY-ST-ZIP	LONGWOOD FL 32779-5660			CITY-ST-ZIP			
TITLE	BOARD CHAIRMAN - DAVID DIRKSE	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	1244 WALKAZOO DR.			NAME			
STREET ADDRESS	HOLLAND, MI 49424			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE	VP SALES - JERRY KOTAS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	7220 LAMARCA			NAME			
STREET ADDRESS	DALLAS, TX 75248			STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: *Brian W. Moore* 2/18/00 407 578 4569  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)