

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040171

1. Entity Name
DUCATI OF TAMPA BAY, INC.

FILED
Mar 02, 2001 8:00 am
Secretary of State
03-02-2001 90089 004 ***150.00

Principal Place of Business

Mailing Address

C/O R. ROSEN
2137 63RD AVE EAST
BRADENTON FL 34203

C/O R. ROSEN
2137 63RD AVE EAST
BRADENTON FL 34203



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

628 Clearwater St
Suite C

628 Clearwater St
Suite C

City & State
Clearwater FL

City & State
Clearwater FL

Zip
33755

Zip
33755

Country
US

Country
US

4. FEI Number 59-3579584

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

WILLIAMS, RAY
C/O R. ROSEN
2137 63RD AVE EAST
BRADENTON FL 34203

Name
David Isaac
Street Address (P.O. Box Number is Not Acceptable)
628 Clearwater St. Suite C
City
Clearwater
FL Zip Code
33755

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 R. Williams

(NOTE: Registered Agent signature required when reinstating)

2-5-01

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
WILLIAMS, RAY
1120 N WASHINGTON BLVD
SARASOTA FL 34236 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
ISAAC, DAVID
150 HERONA RUN DRIVE APT 123
SARASOTA FL 34232 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ 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 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 David Isaac
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-5-01 9413660994
Date Daytime Phone #

CR2E034 (1/0/00)