

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**  
 04-25-2001 90115 046 \*\*\*150.00

0505527

**DOCUMENT # P99000043256**

1. Entity Name

**HOTTER RODS USA, INC.**

Principal Place of Business

**14221 S.W. 21ST STREET  
 DAVIE FL 33325**

Mailing Address

**14221 S.W. 21ST STREET  
 DAVIE FL 33325**

2. Principal Place of Business

**341 SE 52 Court**  
 Suite, Apt. #, etc.

3. Mailing Address

**341 SE 52 Court**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**Ocala, FL**

Zip  
**34471**

Country  
**USA**

City & State  
**Ocala, FL**

Zip  
**34471**

Country  
**USA**

4. FEI Number

**65-0918525**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**LECKLITER, PATRICIA  
 14221 S.W. 21ST STREET  
 DAVIE FL 33325**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**341 SE 52 COURT**

City  
**Ocala**

**FL**

Zip Code  
**34471**

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 *Patricia Leckliter*  
 Signature, typed or printed name of registered agent and title if applicable.

**PATRICIA LECKLITER**

**04-17-01**

(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, 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  
**D** ☐ Delete  
 NAME  
**LECKLITER, PATRICIA**  
 STREET ADDRESS  
**14221 S.W. 21ST STREET**  
 CITY-ST-ZIP  
**DAVIE FL 33325**

TITLE ☒ Change ☐ Addition  
 NAME  
**341 SE 52 COURT**  
 STREET ADDRESS  
**Ocala, FL 34471**  
 CITY-ST-ZIP

TITLE  
**VP** ☐ Delete  
 NAME  
**LECKLITER, THOMAS**  
 STREET ADDRESS  
**14221 S.W. 21ST STREET**  
 CITY-ST-ZIP  
**DAVIE FL 33325**

TITLE ☒ Change ☐ Addition  
 NAME  
**341 SE 52 COURT**  
 STREET ADDRESS  
**Ocala, FL 34471**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ Delete  
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 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:

*Patricia Leckliter*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-17-01**

Date

**954-401-1606**

Daytime Phone #

CR2E034 (10/00)