

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
 04-29-2002 90204 035 ***150.00

0533468 AV

DOCUMENT # P99000043256

1. Entity Name

HOTTER RODS USA, INC.

Principal Place of Business

**341 SE 52 COURT
 Ocala FL 34471**

Mailing Address

**341 SE 52 COURT
 Ocala FL 34471**

2. Principal Place of Business

**11550 NE Jacksonville Rd.
 Suite, Apt. #, etc.**

3. Mailing Address

**11550 NE Jacksonville Rd.
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

**Anthony, FL
 Zip 32617 Country US**

City & State

**Anthony, FL
 Zip 32617 Country US**

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
 341 SE 52 COURT
 Ocala FL 34471**

7. Name and Address of New Registered Agent

Name

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

11550 NE Jacksonville Rd.

City

Anthony

FL

Zip Code

32617

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)

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, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	LECKLITER, PATRICIA	
STREET ADDRESS	341 SE 52 COURT	
CITY-ST-ZIP	OCALA FL 34471	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LECKLITER, THOMAS	
STREET ADDRESS	341 SE 52 COURT	
CITY-ST-ZIP	OCALA FL 34471	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11550 NE Jacksonville Rd.	
CITY-ST-ZIP	Anthony, FL 32617	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	11550 NE Jacksonville Rd.	
CITY-ST-ZIP	Anthony, FL 32617	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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

Date

Daytime Phone #

04-14-02 352-427-4695

CR2E034 (9/01)