

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90109 040 \*\*\*150.00

**DOCUMENT # P99000055480**

1. Entity Name

**MERCEDES MOTOR WORKS II, INC.**

Principal Place of Business

Mailing Address

4607 NORTH LOIS AVENUE  
 TAMPA FL 33614

4607 NORTH LOIS AVENUE  
 TAMPA FL 33614-7044

820001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**3355 BEARSS AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**TAMPA FLORIDA**

4. FEI Number

**59-3225235**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33618**

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

**SANDERS, WALTER**  
**13910 N. DALE MABRY HWY., SUITE ONE**  
**TAMPA FL 33618**

Name **WALTER SANDERS**

Street Address (P.O. Box Number is Not Acceptable)  
**3355 BEARSS AVE**

City **TAMPA**

**FL**

Zip Code **33618**

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 *Walter Sanders*

*Walter Sanders*

**3/17/00**

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  Delete  
 NAME **D FISHER, RONALD**  
 STREET ADDRESS **1095 BENNETT LANE**  
 CITY-ST-ZIP **BROOKSVILLE FL 34609**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  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: *Ronald Fisher*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/20/00** **870-0011**  
 Date Daytime Phone #

CF2E034 (9/99)