

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91198 043 \*\*\*150.00

**DOCUMENT # P99000108302**

1. Entity Name  
**POWER SPORT DEALERS, INC.**

Principal Place of Business

**1497 MAIN STREET  
 192  
 DUNEDIN FL 34698**

Mailing Address

**1497 MAIN STREET  
 192  
 DUNEDIN FL 34698**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3615796**

Applied For

Not Applicable

Zip

Country

Zip

Country-

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

**HILKERT, DOUGLAS L  
 2557 NURSERY ROAD  
 SUITE A  
 CLEARWATER FL 33764**

Name

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

City

**FL**

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **DOVE, GARY LEE**  
 CITY-ST-ZIP **617 HOLLY COURT  
 DUNEDIN FL 34698**

TITLE ☒ Change ☐ Addition  
 NAME **D**  
 STREET ADDRESS **DOVE, GARY LEE**  
 CITY-ST-ZIP **1497 MAIN ST # 192  
 DUNEDIN FL 34698**

TITLE ☐ Delete  
 NAME **D**  
 STREET ADDRESS **MARVIN, WILLIAM J**  
 CITY-ST-ZIP **617 HOLLY COURT  
 DUNEDIN FL 34698**

TITLE ☒ Change ☐ Addition  
 NAME **D**  
 STREET ADDRESS **MARVIN, WILLIAM J**  
 CITY-ST-ZIP **1497 MAIN ST # 192  
 DUNEDIN, FL 34698**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 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 reports 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:

**SIGNATURE REQUIRED**

**GARY LEE DOVE 4/29/02**

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)