

# 2001 UNIFORM BUSINESS REPORT (UBR)

5/1

**FILED**  
**Jun 27, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90041 038 \*\*\*150.00

**DOCUMENT # P99000109680**

1. Entity Name  
**MOTOCARDS, INC.**

Principal Place of Business  
**213 SILVER BEACH AVE.  
DAYTONA BEACH FL 32118**

Mailing Address  
**213 SILVER BEACH AVE.  
DAYTONA BEACH FL 32118**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **APPLIED FOR**  
**STILL PENDING**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PEPE, DEAN G  
213 SILVER BEACH AVE.  
DAYTONA BEACH FL 32118**

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD VIGILIO, ALTHEA V 213 SILVER BEACH AVE. DAYTONA BEACH FL 32118</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD CULUM CAMPBELL, MARY A 213 SILVER BEACH AVE. DAYTONA BEACH FL 32118</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD TOZZOLI, MARCIA 213 SILVER BEACH AVE. DAYTONA BEACH FL 32118</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Althea V. Vigilio*  
**ALTHEA V. VIGILIO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-10-01**

Date

Daytime Phone #

CR2E034 (10/00)

*Law Offices* *Attachment*  
**PAPPAS, TINSLEY & RUSSELL, P.A.** *9056*

*An Affiliation of Professional Associations*

GEORGE S. PAPPAS\*  
DAVID B. RUSSELL

213 SILVER BEACH AVENUE  
DAYTONA BEACH, FLORIDA 32118  
TELEPHONE (386) 254-2941  
FAX (386) 238-0350

DELAND (386) 736-8590  
FLAGLER (386) 446-1235  
ORANGE CITY (386) 851-0066  
E-MAIL: gspdbtr@bellsouth.net

\*Also Admitted in New York

June 21, 2001

Florida Department of State  
Division of Corporations  
Annual Reports Section  
Post Office Box 6327  
Tallahassee, FL 32314

Re: Motocards, Inc.  
Reference Number: P990000109680  
Our File: 99-396


Dear Sir/Madame:

This letter responds to yours of May 22, 2001, regarding the FEI Number. The FEI number has once again been applied for and we have been informed by the IRS that there is a delay due to the amount of requests. We anticipate that the number will be received no later than June 29, 2001, and respectfully request an extension until that time.

Please contact this office regarding our request. Your consideration is greatly appreciated.

Sincerely yours,

PAPPAS & RUSSELL, P.A.

  
George S. Pappas

GSP:jw  
Enclosures  
cc: Motocards, Inc.  
Mr. Patrick Gentile

Form **SS-4****Application for Employer Identification Number**

(Rev. April 2000)

Department of the Treasury  
Internal Revenue Service(For use by employers, corporations, partnerships, trusts, estates, churches,  
government agencies, certain individuals, and others. See instructions.)

▶ Keep a copy for your records.

EIN

OMB No. 1545-0003

**Attachment 9050 HP99000109680**

Please type or print clearly.	1 Name of applicant (legal name) (see instructions) <b>MOTO CARDS, INC</b>	
	2 Trade name of business (if different from name on line 1)	3 Executor, trustee, "care of" name
	4a Mailing address (street address) (room, apt., or suite no.) <b>40 ERE 42 MEMORIAL PLAZA</b>	5a Business address (if different from address on lines 4a and 4b)
	4b City, state, and ZIP code <b>PLEASANTVILLE N.Y. 10570</b>	5b City, state, and ZIP code
	6 County and state where principal business is located <b>WESTCHESTER NY</b>	
	7 Name of principal officer, general partner, grantor, owner, or trustor—SSN or ITIN may be required (see instructions) ▶ <b>047-44-6224</b> <b>ALTHEA VIGILIO</b>	

8a Type of entity (Check only one box.) (see instructions)

Caution: If applicant is a limited liability company, see the instructions for line 8a.

- |   |   |
|---|---|
| <input type="checkbox"/> Sole proprietor (SSN)                    | <input type="checkbox"/> Estate (SSN of decedent)                                       |
| <input type="checkbox"/> Partnership                              | <input type="checkbox"/> Plan administrator (SSN)                                       |
| <input type="checkbox"/> REMIC                                    | <input checked="" type="checkbox"/> Other corporation (specify) ▶ <b>C CORP - SALES</b> |
| <input type="checkbox"/> State/local government                   | <input type="checkbox"/> Trust  |
| <input type="checkbox"/> Church or church-controlled organization | <input type="checkbox"/> Federal government/military                                    |
| <input type="checkbox"/> Other nonprofit organization (specify) ▶ | (enter GEN if applicable)   |
| <input type="checkbox"/> Other (specify) ▶                        |   |

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State <b>FLORIDA</b>	Foreign country
9 Reason for applying (Check only one box.) (see instructions)		
<input checked="" type="checkbox"/> Started new business (specify type) ▶ <b>LENTICULAR TECH - EVENT ADMIN.</b> <input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Hired employees (Check the box and see line 12.) <input type="checkbox"/> Created a pension plan (specify type) ▶ <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Other (specify) ▶		

10 Date business started or acquired (month, day, year) (see instructions) <b>01-01-01</b>	11 Closing month of accounting year (see instructions) <b>DECEMBER</b>
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12 First date wages or annuities were paid or will be paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year) . . . . .	<b>12-30-01</b>
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0- (see instructions) . . . . .	Nonagricultural <b>1</b>	Agricultural <b>0</b>	Household <b>0</b>
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14 Principal activity (see instructions) ▶	<b>SALES - LENTICULAR TECH PDIX</b>
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15 Is the principal business activity manufacturing? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
If "Yes," principal product and raw material used ▶	

16 To whom are most of the products or services sold? Please check one box.	<input checked="" type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ▶	

17a Has the applicant ever applied for an employer identification number for this or any other business? . . . . .	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Note: If "Yes," please complete lines 17b and 17c.	

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.	Legal name ▶	Trade name ▶
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17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.	Approximate date when filed (mo., day, year)	City and state where filed	Previous EIN
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ▶ <b>ALTHEA VIGILIO PRESIDENT</b>	Business telephone number (include area code) <b>(800) 628-0721</b>
	Fax telephone number (include area code) <b>(914) 741-1034</b>

Signature ▶ <b>Althea Vigilio</b>	Date ▶ <b>6-15-01</b>
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Note: Do not write below this line. For official use only.

Please leave blank ▶	Gov.	Ind.	Class	Size	Reason for applying
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