

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91440 016 \*\*\*150.00

**DOCUMENT # V46464**

1. Entity Name  
**OCTANE CORPORATION**



Principal Place of Business Mailing Address  
L  
4  
F  
L  
401 E LAS OLAS BLVD., SUITE 2200 .VD.. SUITE 900  
FT. LAUDERDALE, FL 33301 33301

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0349763**

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

**HORVITZ, DAVID W**

Name

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

401 E LAS OLAS BLVD., SUITE 2200  
FT. LAUDERDALE, FL 33301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **PSTD HORVITZ, DAVID W**  
STREET ADDRESS **450 E. LAS OLAS BLVD., SUITE 900**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE ☒ Change ☐ Addition  
NAME **401 E LAS OLAS BLVD #2200**  
STREET ADDRESS **FT. LAUDERDALE, FL 33301**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **V BURTON, MELVIN F**  
STREET ADDRESS **450 E. LAS OLAS BLVD., SUITE 900**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE ☒ Change ☐ Addition  
NAME **BURTON, F. MELVIN**  
STREET ADDRESS **401 E LAS OLAS BLVD #2200**  
CITY-ST-ZIP **FT. LAUDERDALE, FL 33301**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)