

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90057 008 ***150.00

821643

DO NOT WRITE IN THIS SPACE

DOCUMENT # L13427

1. Entity Name Orange Auto Mart ✓

Principal Place of Business Mailing Address
821 E Buchanan Ave.
Orlando, FL 32809

2. Principal Place of Business 821 E. Buchanan Ave.
 Suite, Apt. #, etc.

3. Mailing Address 821 E Buchanan Ave.
 Suite, Apt. #, etc.

City & State Orlando, FL City & State Orlando, FL

Zip 32809 Country USA Zip 32809 Country USA

4. FEI Number 59-296-5313 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
Lisa Bradrick
4607 Alvir Dr.
Orlando, FL 32839

7. Name and Address of New Registered Agent
 Name Meritta Sue Clements-West
 Street Address (P.O. Box Number is Not Acceptable) 4923 Oak Island Rd.
 City Orlando FL Zip Code 32809

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 Meritta S Clements-West - Meritta S. Clements-West DATE 3-8-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	<u>Secretary</u> <input checked="" type="checkbox"/> Delete
NAME	<u>Lisa Bradrick</u>
STREET ADDRESS	<u>4607 Alvir Dr</u>
CITY-ST-ZIP	<u>Orlando, FL 32839</u>
TITLE	<u>President - Vice President</u> <input checked="" type="checkbox"/> Delete
NAME	<u>Darrel West</u>
STREET ADDRESS	<u>4923 Oak Island Rd.</u>
CITY-ST-ZIP	<u>Orlando, FL 32809</u>
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	<u>Secretary - Treasurer</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Luz A Verdejo</u>
STREET ADDRESS	<u>9911-6 Turf Way</u>
CITY-ST-ZIP	<u>Orlando, FL 32837</u>
TITLE	<u>President - Vice President</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<u>Meritta Sue Clements-West</u>
STREET ADDRESS	<u>4923 Oak Island Rd.</u>
CITY-ST-ZIP	<u>Orlando, FL 32809</u>
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: Darrel West DATE 3-8-00 DAYTIME PHONE # 407-438-0510
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)