

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90475 036 \*\*\*150.00

SECRET  
AV

**DOCUMENT # 220865**

1. Entity Name  
**ORANGE AUTOMOTIVE INC**



Principal Place of Business  
**1712 E DUVAL ST  
C/O MARY HUCHINGSON  
LAKE CITY FL 32055**

Mailing Address  
**1712 E DUVAL ST  
C/O MARY HUCHINGSON  
LAKE CITY FL 32055**



2. Principal Place of Business  
**930 E. Duval Str.**

3. Mailing Address  
**930 E. Duval Str.**

Suite, Apt. #, etc.

City & State

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-0862945**

Applied For  
 Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SHEILDS, R.G.  
RT 10 BOX 40B-A  
LAKE CITY FL 32025**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**1756 SW Barnett Way**

City **PL** 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**

TITLE	T	<input type="checkbox"/> Delete
NAME	<b>SHIELDS, ROBERT G</b>	
STREET ADDRESS	<b>RT 10 BOX 40B-A</b>	
CITY-ST-ZIP	<b>LAKE CITY FL 32025</b>	
TITLE	P	<input type="checkbox"/> Delete
NAME	<b>ROBINSON, JOSEPH L.</b>	
STREET ADDRESS	<b>103 OLD JAX HWY</b>	
CITY-ST-ZIP	<b>LAKE CITY FL</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>HUCHINGSON, MARY J.</b>	
STREET ADDRESS	<b>883 W GRANDVIEW AVE</b>	
CITY-ST-ZIP	<b>LAKE CITY FL</b>	
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		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1756 SW Barnett Way</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>107 Empire Dr.</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>529 SW grandview Str.</b>	
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		

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: **Mary J. Huchingson** **Mary J. Huchingson** **2/27/03** **(386)**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **752-7343**

CR2E034 (10/02)