

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90338 026 \*\*\*150.00

**DOCUMENT # 313987**

1. Entity Name

**JIMMY BRYAN TOYOTA, INC.**

Principal Place of Business

**225 N. SEMORAN BLVD  
WINTER PARK FL 32792  
US**

Mailing Address

**P O BOX 4249  
WINTER PARK FL 32793  
US**

2. Principal Place of Business

**ONE PULIEU PLACE**

3. Mailing Address

**P.O. BOX 4249**

Suite, Apt. #, etc.

**SUITE #130**

Suite, Apt. #, etc.

City & State  
**WINTER PARK, FL**

City & State  
**WINTER PARK, FL**

Zip

**32793**

Country

**USA**

Zip

**32793**

Country

**USA**

4. FEI Number

**59-1159198**

Applied For

Not Applicable

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

**BCS CORPORATE SVCS. CENTRAL FL. INC.  
390 N. ORANGE AVENUE  
SUITE 2500  
ORLANDO FL 32801**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete  
NAME **BRYAN, JAMES B., III**  
STREET ADDRESS **254 DRIGGS DR.**  
CITY-ST-ZIP **WINTER PARK FL**

TITLE **VD** ☒ Change ☐ Addition  
NAME **BRYAN, JAMES B III**  
STREET ADDRESS **P.O. BOX 4249**  
CITY-ST-ZIP **WINTER PARK, FL 32793**

TITLE **PM** ☒ Delete  
NAME **COMPTON, RICK**  
STREET ADDRESS **254 DRIGGS DR**  
CITY-ST-ZIP **WINTER PARK FL 32793**

TITLE **S** ☐ Change ☒ Addition  
NAME **LADHA, SHERMIN**  
STREET ADDRESS **P.O. BOX 4249**  
CITY-ST-ZIP **WINTER PARK, FL 32793**

TITLE **VT** ☒ Delete  
NAME **MASON, BETTY**  
STREET ADDRESS **254 DRIGGS DRIVE**  
CITY-ST-ZIP **WINTER PARK FL 32793**

TITLE **T** ☐ Change ☒ Addition  
NAME **CARROLL, PATTI**  
STREET ADDRESS **P.O. BOX 4249**  
CITY-ST-ZIP **WINTER PARK, FL 32793**

TITLE **VS** ☐ Delete  
NAME **SCHMIDT, CHERYL**  
STREET ADDRESS **254 DRIGGS DR.**  
CITY-ST-ZIP **WINTER PARK FL 32793**

TITLE **P** ☒ Change ☐ Addition  
NAME **SCHMIDT, CHERYL**  
STREET ADDRESS **P.O. BOX 4249**  
CITY-ST-ZIP **WINTER PARK, FL 32793**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Shermin Ladha*

4-19-01

Date

407-672-0330

Daytime Phone #

CR2E034 (10/00)