2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 381769 POOR BOY'S AUTO RANCH, INC.

2001 UNIFORM BUSINESS REPORT (UBR)					FILED			
DOCUMENT # 381769 1. Entity Name					Apr 14, 2001 8:00 am Secretary of State			
POOR E	BOY'S AUTO RANCH, INC.				04-14-2001 9001			
Principal Place of Business 5210 E. COLONIAL DR. ORLANDO FL 32807		Malling Address 5210 E. COLONIAL DR. ORLANDO FL 32807						
•					A TOORAN SHANK TOTOR TANKI HENRA NAMED ARIS) #(8)) 8)8)) 8)8)) 8)	NI A TARI 1 AD I	
2. Principal Place of Business		3. Mailing Address			DO NOT WRITE IN THIS SPACE			
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State		4.	FEI Number 59-1357921	<u> </u>	oplied For	
Zip Country		Zip Country		5.	5. Certificate of Status Desired \$8.75 Additional Fee Required			
	6. Name and Address of Current R	egistered Agent		7.	Name and Address of New Register	•	·u	
			Na	ame		32		
MARTINSON III,JOE A 5210 E COLONIAL DR ORLANDO FL 32807			St	Street Address (P.O. Box Number is Not Acceptable)				
			Ci	ty		Zip Cod	e	
8. The above	e named entity submits this statement for t	he purpose of changing its re	egistered of	fice or registered a	gent, or both, in the State of Florida.		-	
SIGNATURE	Signature, typed or printed name of registered agent ans	d title if applicable (NOTE:	Registered Agen	it signature required when	reinstating) DA	TE		
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 Sta		be \$550.00	Election Campaign Financing Trust Fund Contribution.	□ \$5.0 Added	0 May Be I to Fees	
11.	OFFICERS AND D	IRECTORS	12.	Α	DDITIONS/CHANGES TO OFFICERS A	AND DIRECTORS	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINSON III,JOSEPH A. 5210 EAST COLONIAL DRIVE ORLANDO FL	☐ Delete	TITLE NAME STREET ADD			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZII			Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		Délèté	NAME STREET ADD			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADD CITY-ST-ZIF			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDI CITY-ST-ZIF	RESS		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDI			☐ Change	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: