## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 532542** 1. Entity Name CENTRAL FLORIDA CIRCUITS, INC. Principal Place of Business Mailing Address 11250 SATELLITE BLVD 611250 SATELLITE BLVD ORLANDO FL 32837 ORLANDO FL 32837 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent Name MORRISON, JACK C JR 11205 SATELLITE BLVD ORLANDO FL 32837

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

OFFICERS AND DIRECTORS

9. This corporation is eligible to satisfy its Intangible

MORRISON, JACK JR

ORLANDO FL 32837

MORRISON, JACK

ORLANDO FL 32837

SHANKLE, RONALD B

ORLANDO FL

9101 BAYWARD COURT

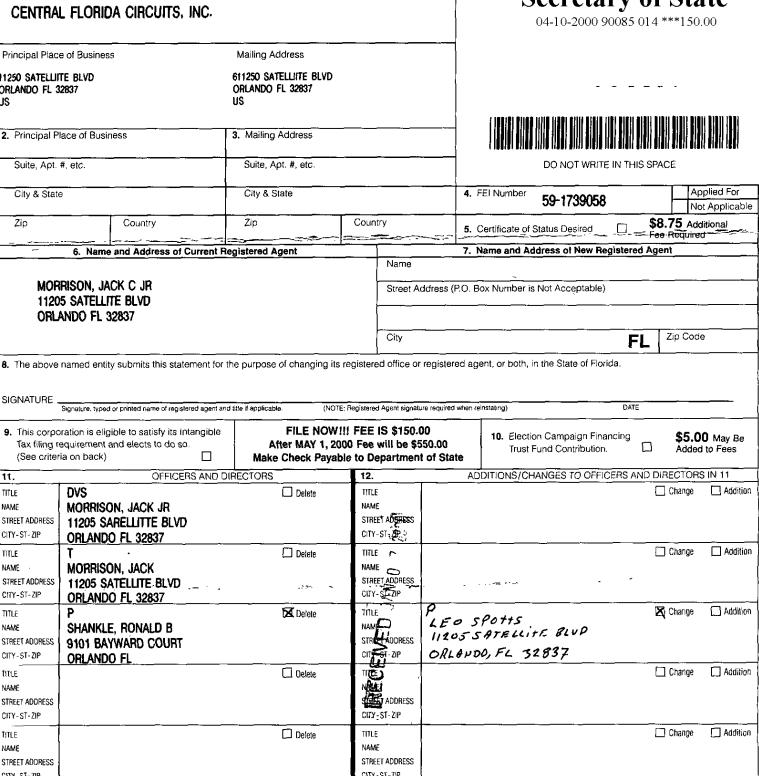
11205 SARELLITTE BLVD

11205 SATELLITE BLVD \_\_ \_

Tax filing requirement and elects to do so.

(See criteria on back)

## Apr 10, 2000 8:00 am Secretary of State



13. Thereby 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 others like empowered.

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

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12.

TITLE

NAME STREET ADSTRESS

TITLE

NAME

TITLE

CITY-ST- (AP. 3)

STREET ADDRESS

STREE ADDRESS

N**AL** SISES ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IP

CITY ST - ZIP

TIGE

NAME

TITLE

NAME

CITY-ST-ZIP

SIGNATURE: 3

SIGNATURE

11.

TITLE NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME STREET ADDRESS CITY-ST-7IP

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIF

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-816-9990

☐ Change

Addition