

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90641 022 ****61.25

DOCUMENT # 738814

1. Entity Name

CENTRAL FLORIDA COMPONENT MANUFACTURERS ASSOCIATION, INC.



Principal Place of Business

**1867 OLD TOMOKA RD
ORMOND BCH FL 32174
US**

Mailing Address

**1867 OLD TOMOKA RD
HOLLY HILL FL 32174
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1745261**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MULLINS, MIKE L
1867 OLD TOMOKA RD
ORMOND BCH FL 32174**

7. Name and Address of New Registered Agent

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. 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 \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TD	MULLINS, MIKE L	400 8TH ST	HOLLY HILL FL	<input type="checkbox"/>
PD	WRIGHT, DAVID	3544 ALL AMERICAN BLVD	ORLANDO FL 32810	<input type="checkbox"/>
VD	COOKE, BRAD	56901 PEGGS RD	ORLANDO FL 32810	<input type="checkbox"/>
SD	HALL, ROBERT	3409 W PENNINGTON CT	LECANTO FL 34461	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		1867 Old Tomoka Rd	Ormond Beach, Fl 32174	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		2722 Apopka Blvd.	Apopka, Fl 32703	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Don Gnapp	75 W. Holden Ave	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		Orlando, Fl 32839		<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (10/02)

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 617, 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 information required.

SIGNATURE: MIKE L MULLINS MARCH 20, 2003 384-676-0668