

FILE NOW: FILING FEE AFTER MAY 1 IS \$5.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Moore
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02296

(4)

1. Corporation Name

UNITED MOTOR COMPANY, INC.



Principal Place of Business

403 CAPITOL COURT
OCOE FL 34761

Mailing Address

403 CAPITOL COURT
OCOE FL 34761

2. Principal Place of Business

2a. Mailing Address

21 517 ROPER PARKWAY

26 517 ROPER PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 OCOEE

28 OCOEE

FL

Zip

Country

Zip

Country

24 34761

25 ORANGE

29 34761

30 ORANGE

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/10/1980

3a. Date of Last Report

01/20/1995

4. FEI Number

59-2049596

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

KELLEY, DAVID M.
39 MAGNOLIA ST.
OCOE FL 34761

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and fee if applicable)

(Date - Registered Agent's signature required when recording)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LA VORNIA, MARJORIE
STREET ADDRESS 39 MAGNOLIA ST.
CITY-STATE-ZIP OCOEE FL

☐ DELETE

TITLE V
NAME LA VORNIA, ANTHONY R.
STREET ADDRESS 39 MAGNOLIA ST.
CITY-STATE-ZIP OCOEE FL

☐ DELETE

TITLE D
NAME LA VORNIA, ANTHONY J.
STREET ADDRESS 1588 NEW PORT AVE.
CITY-STATE-ZIP PAWTUCKET RI

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

2. NAME

13. STREET ADDRESS

14. CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition

62. NAME

63. STREET ADDRESS

64. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-96

407-348-3763

DATE

DAYTIME PHONE #

CR2E034 (12/95)