

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90064 021 ***158.75

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DOCUMENT # G79945

1. Entity Name

FRIENDLY AUTO INSURANCE OF WINTER PARK, INC.

Principal Place of Business

% LLOYD E. REGISTER
1535 N. MAITLAND AVE.
MAITLAND FL 32751

Mailing Address

% LLOYD E. REGISTER
1535 N. MAITLAND AVE.
MAITLAND FL 32751

2. Principal Place of Business

1621 Lee Road

3. Mailing Address

1621 ENTERPRISES, INC.
1535 N. MAITLAND AVENUE
MAITLAND, FL 32751

City & State

Winter Park, FL

Zip

32789

Country

USA

Zip

Country

4. FEI Number

59-2379626

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REGISTER, LLOYD E.
1535 N. MAITLAND AVE.
MAITLAND FL 32751

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.

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, 2002 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

TITLE DC
NAME REGISTER, LLOYD E. III
STREET ADDRESS 1535 N. MAITLAND AVE.
CITY-ST-ZIP MAITLAND FL ☐ Delete

TITLE DP
NAME REGISTER, LLOYD E IV
STREET ADDRESS 1535 N MAITLAND AVE
CITY-ST-ZIP MAITLAND FL 32751 ☐ Delete

TITLE DST
NAME PACE, ERICK
STREET ADDRESS 1535 N MAITLAND AVE
CITY-ST-ZIP MAITLAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)