2002 Uniform Business Report (UBR)

Apr 07, 2002 8:00 am Secretary of State DOCUMENT # H69475 1. Entity Name ORLANDO MITSUBISHI DEALERS ADVERTISING ASSOCIATI 04-07-2002 90070 045 ***158.75 ON, INC Principal Place of Business Mailing Address JANE E. MILES. CPA JANE E. MILES, CPA 465 FIDDLEWOOD RD 465 FIDDLEWOOD RD VERO BEACH FL 32963 VERO BEACH FL 32963 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2664121 Not Applicable Country **\$8.75** Additional Zin Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NISBETT, RICHARD Street Address (P.O. Box Number is Not Acceptable) 510 N NOVA RD DAYTONA FL 32114 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PREJUENT Addition CR2E034 (9/01 Change **Delete** TITLE PAUL E LETSO NAME Holler, Roger III NAME 8701 S OFANGE BLOSSOM TRAIL 1979 SEMORAN BLVD STREET ADDRESS STREET ADDRESS OFLANDO, FC 32809-7980 WINTER PARK FL 32792 CITY-ST-ZIP CITY-ST-ZIF TREASURGA **Change** ☐ Addition ☐ Delete TITLE TITLE RICHARD NISBETT NAME NISBETT, RICHARD NAME 510 N. NOVA PA STREET ADDRESS STREET ADDRESS 510 N NOVA RD DAYTURA BEALA, FL 32114 CITY-ST-ZIP CITY-ST-ZIF DAYTONA FL 32114 Change ___ Addition_ -Delete -TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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