

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L13427**

1. Entity Name

Orange Auto Mart ✓

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90057 008 ***150.00

821643

Principal Place of Business

Mailing Address

821 E Buchanan Ave.
Orlando, FL 32809

2. Principal Place of Business

3. Mailing Address

821 E. Buchanan Ave.
Suite, Apt. #, etc.

821 E Buchanan Ave.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Orlando, FL

Orlando, FL

59-296-5313

32809

USA

32809

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Lisa Bradrick
4607 Alvir Dr.
Orlando, FL 32839

Name

Meritta Sue Clements-West

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

4923 Oak Island Rd.

City

Orlando

FL

Zip Code

32809

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

Meritta S Clements-West - Meritta S. Clements-West

3-8-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Secretary	<input checked="" type="checkbox"/> Delete
NAME	Lisa Bradrick	
STREET ADDRESS	4607 Alvir Dr	
CITY-ST-ZIP	Orlando, FL 32839	
TITLE	President - Vice President	<input checked="" type="checkbox"/> Delete
NAME	Darrel West	
STREET ADDRESS	4923 Oak Island Rd.	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Secretary - Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Luz A Verdejo	
STREET ADDRESS	9911-6 Turf Way	
CITY-ST-ZIP	Orlando, FL 32837	
TITLE	President - Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Meritta Sue Clements-West	
STREET ADDRESS	4923 Oak Island Rd.	
CITY-ST-ZIP	Orlando, FL 32809	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (9/99)

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:

Darrel West
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-8-00

Date

407-438-0510

Daytime Phone #