

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91580 039 ****61.25

DOCUMENT # N00000005407

1. Entity Name

CENTRAL FLORIDA FIEROS, INC.

Principal Place of Business

**301 TWELVE OAKS DR.
WINTER SPRINGS FL 32708**

Mailing Address

**301 TWELVE OAKS DR.
WINTER SPRINGS FL 32708**

2. Principal Place of Business

3. Mailing Address

1132 Delridge Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

Zip

Country

32804

Country

4. FEI Number

59-3657024

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BELL, MITCHELL L
301 TWELVE OAKS DR.
WINTER SPRINGS FL 32708**

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

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BELL, MITCHELL L**
STREET ADDRESS **301 TWELVE OAKS DR.**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE **D** ☐ Delete
NAME **CURTIS, BRIAN W**
STREET ADDRESS **1132 DELRIDGE AVE.**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **D** ☐ Delete
NAME **CURTIS, DEDRA L**
STREET ADDRESS **1132 DELRIDGE AVE.**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE **D** ☐ Delete
NAME **ROW, SAMATHA A**
STREET ADDRESS **903 SOUTH LAKE JESSUP AVE.**
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E037 (10/00)