

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90012 039 ****70.00

DOCUMENT # N26320

1. Entity Name

VINTAGE VEHICLES OF FLORIDA, INC.

Principal Place of Business

6412 WINDOVER WAY
TITUSVILLE FL 32780
US

Mailing Address

P. O. BOX 952
TITUSVILLE FL 32781-0952
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2938208

Applied For

Not Applicable

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

SMART, DAVID A
6412 WINDOVER WAY
TITUSVILLE FL 32780

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
NAME ARNOLD, ROBERT
STREET ADDRESS 4290 PONDAPPLE DR
CITY-ST-ZIP TITUSVILLE FL 32796

TITLE P/D ☐ Change ☒ Addition
NAME Thomas Staggs
STREET ADDRESS 5055 Citrus Blvd.
CITY-ST-ZIP Cocoa FL 32926

TITLE SD ☒ Delete
NAME SYMON, MAVIS
STREET ADDRESS 6085 WHISPERING LANE
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE V/D ☐ Change ☒ Addition
NAME Virginia Conley
STREET ADDRESS 4349 Capers Court
CITY-ST-ZIP Titusville, FL 32796

TITLE T ☒ Delete
NAME SMART, RENEE N
STREET ADDRESS 6412 WINDOVER WAY
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE S/D ☐ Change ☒ Addition
NAME Beverly Barnes
STREET ADDRESS 3505 Constitution Dr.
CITY-ST-ZIP Titusville, FL 32780

TITLE PD ☐ Delete
NAME GUTIERREZ, AL
STREET ADDRESS 4251 GROVEWOOD
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE T/D ☐ Change ☒ Addition
NAME Crystal Arnold
STREET ADDRESS 4290 Pondapple Dr.
CITY-ST-ZIP Titusville, FL 32796

TITLE D ☒ Delete
NAME CONLEY, CHARLES
STREET ADDRESS 4349 CAPER COURT
CITY-ST-ZIP TITUSVILLE FL 32396

TITLE D ☐ Change ☒ Addition
NAME Susan Loftis
STREET ADDRESS 3650 Highway 1
CITY-ST-ZIP Mims, FL 32754

TITLE VPD ☒ Delete
NAME MONTANTH, JIM
STREET ADDRESS 6285 SLEEPY HOLLOW DR
CITY-ST-ZIP TITUSVILLE FL 32780

TITLE D ☒ Change ☐ Addition
NAME Al Gutierrez
STREET ADDRESS 4251 Grovewood
CITY-ST-ZIP Titusville, FL 32780

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 all other like empowered.

SIGNATURE: Crystal P. Arnold (Crystal P. Arnold) 4/17/2001 269-6286

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)