

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90003 011 \*\*\*\*61.25

**DOCUMENT # N93000003823**

1. Entity Name

**MIGHTY MOPARS OF ORLANDO, INC.**

**977989**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**8956 CHERRYSTONE LANE  
 ORLANDO FL 32825**

Mailing Address

**8956 CHERRYSTONE LANE  
 ORLANDO FL 32825**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3202345**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BARG, GEORGE L  
 8956 CHERRYSTONE LANE  
 ORLANDO FL 32825**

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**

**After September 12, 2001, min. will be \$236.25**

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: **PD**  Delete  
 NAME: **SENKOW, RICK**  
 STREET ADDRESS: **P.O. BOX 460 N/A**  
 CITY-ST-ZIP: **INTERCESSION CITY FL**

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

TITLE: **STD**  Delete  
 NAME: **BARG, GEORGE**  
 STREET ADDRESS: **8956 CHERRYSTONE LN**  
 CITY-ST-ZIP: **ORLANDO FL**

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

TITLE: **VP**  Delete  
 NAME: **LEWIS, BUDDY**  
 STREET ADDRESS: **1135 WEST HOLDEN AVE**  
 CITY-ST-ZIP: **ORLANDO FL**

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

TITLE: **SAAD**  Delete  
 NAME: **NOCERO, BOB**  
 STREET ADDRESS: **3709 PELICAN LANE**  
 CITY-ST-ZIP: **ORLANDO FL 32803**

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

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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

TITLE:  Delete  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

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 another name empowered.

SIGNATURE:

*[Signature]*

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CR2E037 (5/01)