

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90185 031 ****61.25

DOCUMENT # N96000001155

1. Entity Name
MODEL-A'S, INC.



Principal Place of Business

**348 EDEN ROAD
PALM BEACH FL 33480**

Mailing Address

**C/O ALAN LINSAY
P.O. BOX 431
PALM BEACH FL 33480**

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 **65-0648341**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DONNELLEY, ELLIOTT R
348 EDEN ROAD
PALM BEACH FL 33480**

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **DONNELLEY, ELLIOTT R**
STREET ADDRESS **348 EDEN ROAD**
CITY-ST-ZIP **PALM BEACH FL**

TITLE **V** ☐ Delete
NAME **LINSAY, ALAN**
STREET ADDRESS **321 ROYAL POINCIANA PLAZA**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **D** ☐ Delete
NAME **WELBORN, MICHAEL**
STREET ADDRESS **808 NORTH DIXIE HIGHWAY**
CITY-ST-ZIP **LANTANA FL**

TITLE **PVST** ☐ Delete
NAME **DONNELLEY, ELLIOTT R**
STREET ADDRESS **348 EDEN ROAD**
CITY-ST-ZIP **PALM BEACH FL**

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 **D** ☐ Change ☐ Addition
NAME **Walborn, Michael**
STREET ADDRESS **327 West Pine Street**
CITY-ST-ZIP **Lantana, FL 33462**

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

TITLE ☐ Change ☐ Addition
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 all other like empowered.

SIGNATURE: **Alvin Lindsey** VP (Alan Lindsey) 2-12-03 561 659 1770

CR2E037 (10/02)