

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000002399

FILED
Feb 22, 2002 8:00 AM
Secretary of State

Entity Name: SIDE BY SIDE OF WINTER SPRINGS, INC.

Current Principal Place of Business:

575 TUSCAWILLA RD
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

575 TUSCAWILLA RD
WINTER SPRINGS, FL 32708

New Mailing Address:

FEI Number: 59-3450851

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DULA, GAIL
575 TUSCAWILLA RD
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DULA, GAIL
Address: 1103 SHADOWBROOK TRAIL
City-St-Zip: WINTER SPRINGS, FL 32708

Title: TD () Delete
Name: ARMETTA, FRANK
Address: 964 KEEP WAY LOOP
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: HARGRAVE, THOMAS M
Address: 818 LULLWATER DR.
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: MANN, PHYLLIS J
Address: 1500 INDEPENDENCE AVENUE
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: BRICK, MICHAEL
Address: 321 W. FRANKLIN STREET
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK V ARMETTA

TD

02/22/2002

Electronic Signature of Signing Officer or Director

Date