

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000034783**

1. Entity Name

4OR AUTOMOTIVE GROUP, INC.

Principal Place of Business

**940 HIGHLAND AVENUE
ORLANDO FL 32803**

Mailing Address

**940 HIGHLAND AVENUE
ORLANDO FL 32803**

2. Principal Place of Business

5075 WEST 38TH STREET

Suite, Apt. #, etc.

3. Mailing Address

5075 WEST 38TH STREET

Suite, Apt. #, etc.

City & State

INDIANAPOLIS, IN

City & State

Indianapolis, Indiana

Zip

46254

Country

USA

Zip

46254

Country

USA

4. FEI Number

EA-3636861

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ORNSTEIN, MARK L.
940 HIGHLAND AVENUE
ORLANDO FL 32803**

7. Name and Address of New Registered Agent

Name **~~STANLEY BROWN~~**

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

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PRESIDENT** ☐ Delete
NAME **PAUL OSMAN**
STREET ADDRESS **625 EAST NASSA BLVD**
CITY-ST-ZIP **MELBOURNE, FL 32901**TITLE **VP.** ☐ Delete
NAME **PAUL OSMAN**
STREET ADDRESS **625 EAST NASSA BLVD**
CITY-ST-ZIP **MELBOURNE, FL 32901**TITLE **TREASURER** ☐ Delete
NAME **KENNETH R. ROSENFELD**
STREET ADDRESS **1071 STRATFORD PL.**
CITY-ST-ZIP **MELBOURNE, FL 32940**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

KENNETH R. ROSENFELD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/14/01

Date

317-328-4700

Daytime Phone #

APPROVED
AND
FILED

01 OCT -1 AM 8:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

CR02034 (5/01)