

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90212 016 \*\*\*150.00

0801952 AT

**DOCUMENT # P00000044626**

1. Entity Name  
**ORANGE STATE AUTO, INC.**

Principal Place of Business      Mailing Address

**1503 US HWY 92 WEST**      **PO BOX 450065**  
**STE 300**      **KISSIMMEE FL 34745**  
**AUBURNDALE FL 33823**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

**575 SELLARS DR.**      **575 SELLARS DR.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

**LAKE ALFRED FL.**      **LAKE ALFRED FL.**

4. FEI Number      Applied For

**59-3641682**      Not Applicable

Zip      Country      Zip      Country

**33850**      **POB USA**      **33850**      **USA.**

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

    

6. Name and Address of Current Registered Agent

**ALLEGATO, KATIE**  
**1492 MILL SLOUGH RD.**  
**KISSIMMEE FL 34744**

7. Name and Address of New Registered Agent

Name **WILLIAM C MARTINO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**575 SELLARS DR.**  
 City **LAKE ALFRED**      **FL**      Zip Code **33850**

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 *William C Martino*      DATE 4/27/02

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 \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MARTINO, WILLIAM C SR.</b> <b>575 SELLARS DR.</b> <b>LAKE ALFRED FL 33850</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MARTINO, WILLIAM C JR.</b> <b>1044 CANDLEWOOD DR.</b> <b>LAKELAND FL 33813</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *William C Martino*      DATE 4/27/02      1-863-956-5500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)