

AMENDED

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P00000117619**

1. Entity Name

WEST ORLANDO TRANSMISSIONS, INC.

Principal Place of Business
408 Bison Circle
Apopka, FL 32712Mailing Address
408 Bison Circle
Apopka, FL 327122. Principal Place of Business
4888 W. Colonial Drive
Suite, Apt. #, etc.3. Mailing Address
4888 W. Colonial Drive
Suite, Apt. #, etc.City & State
Orlando, FLCity & State
Orlando, FL4. FEI Number
59-3687825Applied For
Not ApplicableZip
32808Country
USAZip
32808Country
USA5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TERRY NEWSOM
408 Bison Circle
Apopka, FL 32712

7. Name and Address of New Registered Agent

Name
CHRISTOPHER C. CATHCART

Street Address (P.O. Box Number is Not Acceptable)

210 N. Wymore Road

City
Orlando

FL

Zip Code
32789

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

Terry Newsom

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/24/01

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)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
President
Terry Newsom
408 Bison Circle
Apopka, FL 32712 ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/S/T/D
Anita Spiniolas
4888 W. Colonial Drive
Orlando, FL 32808 ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
LSTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

Terry Newsom
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/01

Date

Daytime Phone #

FILED

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SECRETARY OF STATE
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