

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000002214**

1. Entity Name **FLYCAR Company**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUL -6 AM 9:03

Principal Place of Business Mailing Address
5148 Park central Dr #114
ORLANDO Florida -FL 32839

2. Principal Place of Business **Florida** 3. Mailing Address **5148 Park central Dr #114**
Suite, Apt. #, etc. **114** Suite, Apt. #, etc. **same**

City & State **ORLANDO FL** City & State **ORLANDO FL**
Zip **32839** Country **USA** Zip **-** Country **-**

4. FEI Number **59-3690381** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent
Rubin TORO - CPA
407-370-6445 -FL

7. Name and Address of New Registered Agent
Name **RUBIN TORO** (407) 370-6445
Street Address (P.O. Box Number is Not Acceptable)
7345 SAND LAKE Rd STE 204
City **ORLANDO** FL Zip Code **32819-0000**

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 _____ (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, 2000 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
WAGNER F. SANTOS - Pres.
All same above

TITLE NAME STREET ADDRESS CITY-ST-ZIP
5148 PARK CENTRAL Dr #114 ☐ Delete
ORLANDO - FL 32839

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
NO change

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
500004467515-0
-07/10/01--01027--028
******150.00 ****150.00**

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

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

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

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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-30-01 407-468-0239
Date Daytime Phone #