

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90299 042 ***150.00

DOCUMENT # P01000002214

1. Entity Name
FLYCAR COMPANY

Principal Place of Business
5148 PARK CENTRAL DR STE 114
ORLANDO FL 32839

Mailing Address
5148 PARK CENTRAL DR STE 114
ORLANDO FL 32839

2. Principal Place of Business
3280 SOHO ST
Suite, Apt. #, etc.
202

3. Mailing Address
3280 SOHO STREET
Suite, Apt. #, etc.
202

City & State
ORLANDO, FL

City & State
ORLANDO, FLORIDA

4. FEI Number **59-3690381**

Applied For
Not Applicable

Zip
32835

Country
USA

Zip
32835

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TORO, RUBEN D
7345 SAND LAKE RD STE 204
ORLANDO FL 32819

Name
GAME

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P FIRST LAST** ☐ **Delete**
NAME **SANTOS, WAGNER FERREIRA ONLY**
STREET ADDRESS **5148 PARK CENTRAL DR STE 114**
CITY-ST-ZIP **ORLANDO FL 32839**

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

TITLE ☐ **Delete**
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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/02 (407) 468-0239
Date **Daytime Phone #**

CR2E034 (9/01)