

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 12, 2003 8:00 am**  
**Secretary of State**

06-12-2003 90010 022 \*\*\*150.00

DOCUMENT # P01000016071 (L)

1. Entity Name

~~430 E. WASHINGTON OF ORLANDO, INC.~~

~~430 E. WASHINGTON OF ORLANDO, INC.~~  
~~TRANSMISSION OF ORLANDO, INC.~~



Principal Place of Business

948 N SEMORAN BLVD.  
ORLANDO FL 32807

Mailing Address

948 N SEMORAN BLVD  
ORLANDO FL 32807

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

42-1534795  
508704143

Applied For

Not Applicable

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

~~CATHCART, CHRISTOPHER~~

~~210 N. WYMORE ROAD  
WINTER PARK FL 32789~~

Name

STEVE BARNETT

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

6972 ALOMA AVE

City

WINTER PARK

FL

Zip Code

32792

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/03

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
SPINIOLAS, ANITA  
7815 S HWY 17/92  
CASSELBERRY FL 32730

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
AUBEN GARMAN  
948 N. SEMORAN BLVD  
ORLANDO, FL 32807

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
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☐ Change ☐ Addition

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CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 10 or Block 11 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

4/23/03 (407) 947-6356

Date

Daytime Phone #

CR2E034 (10/02)