

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90092 009 ***150.00

DOCUMENT # **P01000045705**

1. Entity Name

ORLANDO MOTORS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1202 WEST CENTRAL BLVD.

Suite, Apt. #, etc.

UNIT C

City & State

ORLANDO

FLORIDA

Zip

32805

Country

USA

3. Mailing Address

1202 WEST CENTRAL BLVD.

Suite, Apt. #, etc.

UNIT C

City & State

ORLANDO FLORIDA

Zip

32805

Country

USA

4. FEI Number

59-3717646

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JAY HUBERTY

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

3831 SHADOWWIND WAY

City

GOTHA

FL

Zip Code

34734

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. ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **P**
NAME **JAY HUBERTY**
STREET ADDRESS **3831 SHADOWWIND WAY**
CITY - ST - ZIP **GOTHA, FLORIDA 34734**

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jay Huberty

JAY HUBERTY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02 (407)948-6981

Date

Daytime Phone #

CR2E034B (12/01)