

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 30, 2002 8:00 am**  
**Secretary of State**

07-30-2002 90377 045 \*\*\*150.00

**DOCUMENT # P01000116995**

1. Entity Name

**PRODUCT ASSEMBLY OF CENTRAL FLORIDA, INC.**

Principal Place of Business

**919 INNER GARY PLACE  
 VALRICO FL 33594**

Mailing Address

**P O BOX 760  
 GENEVA AL 36340  
 07**

123054



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**63-1288371**

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

**ELLENBURG, LISA  
 1136 ENGLISH LANE  
 WESTVILLE FL 32426**

Name

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. 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

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 \$550.00  
 After September 13, 2002 Fee will be \$750.00  
 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** ☐ Delete  
 NAME **HARRELL, WILLIAM S**  
 STREET ADDRESS **919 INNER GARY PLACE**  
 CITY-ST-ZIP **VALRICO FL 33594**

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

TITLE **V** ☐ Delete  
 NAME **WINDHAM, RYAN**  
 STREET ADDRESS **2702 ASHLEY CT**  
 CITY-ST-ZIP **KISSIMMEE FL 32440**

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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 life empowered.

SIGNATURE:

*Scott Harrell*  
**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)

Attachment  
123054

PRODUCT ASSEMBLY OF CENTRAL FLORIDA INC  
P O BOX 760  
GENEVA, AL. 36340

Document #P01000116995

July 26, 2002.

Division of Corporations  
Uniform Business Report Filings  
P O Box 1500  
Tallahassee, FL 32302-1500

We are enclosing the 2002 Uniform Business Report along with our check for \$150.00.

As this is the first form we have received we ask that the late fee be waived.

Thank you,

*Scott Harrell*  
William S. Harrell  
President