

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91286 003 ***150.00

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DOCUMENT # P02000053019

1. Entity Name

MITTANY PILOT CAR & SAFETY CO., INC.



Principal Place of Business

2621 LAKE FOREST DR
DELAND FL 32720

Mailing Address

2621 LAKE FOREST DR
DELAND FL 32720

11043338



2. Principal Place of Business

14 MEADOW RIDGE DR.

3. Mailing Address

14 MEADOW RIDGE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State

SHIPPENSBURG, PA

City & State

SHIPPENSBURG, PA

4. FEI Number

01-0691107

Applied For

Not Applicable

Zip

17257

Country

CUMBERLAND

Zip

17257

Country

CUMBERLAND

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DEGRECORIO, VITO D
2621 LAKE FOREST DR
DELAND FL 32720

7. Name and Address of New Registered Agent

Name KLORIA MAC GREGOR

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

259 PONCE LANE

City DEBANY

FL

Zip Code

32213

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

Kloria MacGregor

4/24/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	D DEGRECORIO, BETSY A 2621 LAKE FOREST DR DELAND FL 32720	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>14 MEADOW RIDGE DR.</u> <u>SHIPPENSBURG, PA 17257</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEGRECORIO, VITO D 2621 LAKE FOREST DR DELAND FL 32720	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>14 MEADOW RIDGE DR.</u> <u>SHIPPENSBURG, PA 17257</u>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 I am empowered.

SIGNATURE:

VITO D. DEGRECORIO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(717) 472-8812

CR2E034 (10/02)