

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 17, 2003 8:00 am**  
**Secretary of State**

07-17-2003 90026 024 \*\*\*150.00

0012480 AV

**DOCUMENT # P02000074793**

1. Entity Name  
**HOSPITALITY CARS, INC.**



Principal Place of Business  
**5508 GARDEN GROVE CIRCLE  
WINTER PARK FL 32792**

Mailing Address  
**5508 GARDEN GROVE CIRCLE  
WINTER PARK FL 32792**

2. Principal Place of Business  
**540 N. Hwy 434**

3. Mailing Address  
**5508 Garden Grove Circle**

Suite, Apt. #, etc.  
**Suite 124**

Suite, Apt. #, etc.

City & State  
**Altamonte Springs, Fl.**

City & State  
**Winter Park, Fl.**

4. FEI Number  
**74-3050663**

Applied For  
Not Applicable

Zip  
**32714**

Country  
**Seminole**

Zip  
**32792**

Country  
**Seminole**

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

**6. Name and Address of Current Registered Agent**

**MCLAY, BRUCE E  
5508 GARDEN GROVE CIRCLE  
WINTER PARK FL 32792**

**7. Name and Address of New Registered Agent**

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

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
MCLAY, BRUCE E  
5508 GARDEN GROVE CIRCLE  
WINTER PARK FL 32792** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE  
NAME  
STREET ADDRESS  
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)(j), 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: X** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

90143676

PO2000074793

Dear Sir:

I'm sorry but this is the FIRST notice I ever received from you. This is my first year in business and I have been very careful about things I receive in the mail concerning my company. I do not believe I would have over-looked something this important. I have enclosed a check for \$150.00 which my CPA says should be the correct amount, had I received your first notice.

Thank you,



Bruce McLay  
Hospitality Cars Inc.