

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 11, 2003 8:00 am
Secretary of State

08-11-2003 90278 009 ***150.00

0127175 AT

DOCUMENT # P02000092194

1. Entity Name
ORANGE BLOSSOM AUTO BROKERS, INC.



Principal Place of Business
**15037 OLD HWY 441
TAVERES FL 32778**

Mailing Address
**15037 OLD HWY 441
TAVERES FL 32778**

Correct

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 1030

City & State

City & State

Plymouth FL

Zip

Country

Zip

Country

32768 0

4. FEI Number

35217 8196

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SCHAFER, DEREK
15037 OLD HWY 441
TAVERES FL 32778**

Name

Derek Schater

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

1680 Plymouth Sonoma Rd

City

Apopka

FL

Zip Code

32712

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SCHAFER, DEREK
15037 OLD HWY 441
TAVERES FL 32778** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
HARDEE, DONALD
15037 OLD HWY 441
TAVERES FL 32778** ☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Delete

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☐ Delete

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)(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

8-4-03 321 689-2408

Date Daytime Phone #

CR2E034 (4/03)

Attachment 90149771
#D02000092194

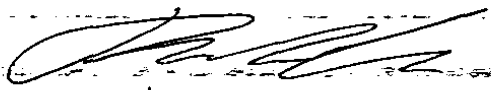
I did not receive my 1st
notice Due to the fact that the
adress on this report is incorrect
my mailing adress is

P.O. Box 1030
Plymouth FL, 32768

the adress you have is my physical
adress how ever I receive no
mail here.

I am enclosing the original fee
of 150⁰⁰ If any questions
contact me Derek Schafer at (321) 689-2408
or By mail at P.O. Box 1030
Plymouth FL 32768

Thank you


president
Orange Blossom Auto Brokers