


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

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 91062 048 \*\*\*158.75

**DOCUMENT # P02000108260**

1. Entity Name  
**407 MOTORING INC.**



Principal Place of Business  
**5320 SOUTH KIRKMAN ROAD  
ORLANDO, FL 32819**

Mailing Address  
**4327 FLORA VISTA DRIVE  
ORLANDO, FL 32837**

2. Principal Place of Business  
**5320 South Kirkman Rd**  
Suite, Apt. #, etc.  
**C**

3. Mailing Address  
**4327 Flora Vista Dr**  
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
**Orlando, Florida**

City & State  
**Orlando, Florida**

Zip  
**32819** Country  
**Orange**

Zip  
**32837** Country  
**Orange**

4. FEI Number  
**33-1025825**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**COOPER, KAREN L  
4327 FLORA VISTA DRIVE  
ORLANDO, FL 32837**

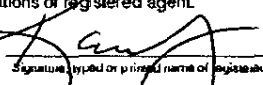
7. Name and Address of New Registered Agent

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  DATE **4/15/03**

Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

**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**

TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>COOPER, FREDERICK B</b>	
STREET ADDRESS <b>4327 FLORA VISTA DRIVE</b>	
CITY-ST-ZIP <b>ORLANDO, FL 32837</b>	
TITLE <b>S</b>	<input type="checkbox"/> Delete
NAME <b>COOPER, KAREN L</b>	
STREET ADDRESS <b>4327 FLORA VISTA DRIVE</b>	
CITY-ST-ZIP <b>ORLANDO, FL 32837</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:  **KAREN L. COOPER** DATE: **4/15/03** CASE: **407-888-0770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Case Daytime Phone #

CR2E034 (10/02)