


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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 typed or printed name of signing officer or director Case Daytime Phone #

CR2E034 (10/02)