2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000073792

FILED
Apr 22, 2000 8:00 am
Secretary of State
04-22-2000 90117 046 ***150.00

1. Entity Name
BONITA BRAKE, Inc.

Principal Place of Business
5301 Conroy Road,
Suite 140
Orlando, FL 32811

Mailing Address
5301 Conroy Road
Suite 140
Orlando, FL 32811

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3211098 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
McLarry, George C.
301 North Ferncreek Avenue
Orlando, FL 32803

7. Name and Address of New Registered Agent
Name: Lane, Paul Camp
Street Address (P.O. Box Number is Not Acceptable): 5301 Conroy Road
Suite 140
City: Orlando FL Zip Code: 32811

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.

SIGNATURE: Paul Camp Lane — DATE: 4-17-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	P,T,S
NAME	Meyer, Helmuth	NAME	Meyer, Helmuth
STREET ADDRESS	301 N. Ferncreek Ave.	STREET ADDRESS	301 N. Ferncreek Ave.
CITY-ST-ZIP	Orlando, Florida 32803	CITY-ST-ZIP	Orlando, Florida 32803
	☐ Delete		☒ Change ☒ Addition
TITLE	S	TITLE	
NAME	McLarry, George C.	NAME	
STREET ADDRESS	301 N. Ferncreek Ave.	STREET ADDRESS	
CITY-ST-ZIP	Orlando, Florida 32803	CITY-ST-ZIP	
	☒ Delete		☐ Change ☐ Addition
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
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	☐ Delete		☐ Change ☐ Addition
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	☐ Delete		☐ Change ☐ Addition

CR2E034 (9/99)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Helmuth Meyer — Date: 4-17-00 — Daytime Phone #: 407-316-0343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR