

AMENDED REPORT
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 18 AM 8:11

DOCUMENT # P94000053172 (0)

1. Entity Name

LOCKHART MOTOR SALES INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7326 EDGEWATER DR

Suite, Apt. #, etc.

3. Mailing Address

7326 EDGEWATER DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORLANDO FL 32810

Zip

32810

Country

ORANGE

City & State

ORLANDO FL 32810

Zip

32810

Country

ORANGE

4. FEI Number

59-3275798

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Edward Brogna

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

7326 Edgewater Dr.

City

Orlando

FL

Zip Code
32810

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President & Director
Edward Brogna
3232 Briar Way
Apopka, FL 32703-0092

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary & Director
Rosemary Brogna
384 Springdale Drive
Altmonte Springs, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer
Edward Brogna
3232 Briar Way
Apopka, FL 32703-0092

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V President
Thomas Quattri
317 Lake Faith Dr.
Maitland, FL 32751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100008440341--8
-10/18/02--01013--001
*****61.25 *****61.25

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Edward Brogna President

407 297 6868

Date

Daytime Phone #

CR2E034B (12/01)