

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000026724

1. Entity Name

MISSION MOTORS, INC.

Principal Place of Business

125 N MOON AVE
BRANDON FL 33510
US

Mailing Address

125 N MOON AVE
BRANDON FL 33510
US

2. Principal Place of Business

6811 N Nebraska Ave
Suite, Apt. #, etc.

3. Mailing Address

2825 Timber Knoll Dr
Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Valrico FL

Zip

33604

Country

U.S.

Zip

33594

Country

U.S.

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, TIMOTHY J
2825 TIMBER KNOLL DRIVE
VALRICO FL 33594

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.

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 PD ☐ Delete
NAME WILSON, TIMOTHY J
STREET ADDRESS 2825 TIMBER KNOLL DRIVE
CITY-ST-ZIP VALRICO FL 33594

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

TITLE STD ☐ Delete
NAME WILSON, JUDY
STREET ADDRESS 2825 TIMBER KNOLL DRIVE
CITY-ST-ZIP VALRICO FL 33594

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: *Timothy J. Wilson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-20-01 813-237-3099

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90012 048 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3437442** ☐ Applied For
☐ Not Applicable

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

CR2E034 (10/00)