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

## P97000030923 DOCUMENT #

1. Entity Name

HEADLIGHTZ OF ORLANDO, INC.



## **FILED** Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90252 039 \*\*\*150.00

<u> </u>				1	WE THE						
Principal Place of Business 11599 E COLONIAL DR ORLANDO FL 32817 US		11599	Mailing Address 11599 E COLONIAL DR ORLANDO FL 32817 US			90002412					
2. Principal Place of Business		3. Mai	3. Mailing Address								
Suite, Apt. #, etc.		Suit	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City	City & State			4. FEI Number 59-3436171 Applied For Net Applied For					
Zip	Country	Zip	· · · · · · · · · · · · · · · · · · ·	Country		5. Certificate	of Status Desired	\$	<b>8.75</b> A		
	6. Name and Address of Curr	rent Registere	d Agent		<del></del>	7 Nama and	Address of New F		ee Requi	red :	
					lame	" 1. Walle and	Address of New F	registered Ag	ent .	- <u>F</u>	
MARTIN,	JEFFREY D					<u> </u>					
11637 OI	rpington st		Street Address			(P.O. Box Number is Not Acceptable)					
- h	O FL 32817										
				ity		<del>"</del> - "	FL	Zip Co			
8. The above the obliga	named entity submits this statementions of registered agent.	nt for the purpo	ose of changing its	s registered o	ffice or register	ed agent, or bot	th, in the State of Flo	orida. I am far	niliar with	, and accept	
SIGNATURE											
	Signature, typed or printed name of registered a	gent and title if appli	cable. (NOT	TE: Registered Age	nt signature required	when reinstating)		DATE		· ·	
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550. k Payable to Florida Departmen	00 it of State				<b>9.</b> Ele Tru	ection Campaign Fir ist Fund Contribution	ancing	<b>\$5.</b> 6	00 May Be	
10.	OFFICERS A	ND DIRECTOR	RS .	11.		ADDITIONS/	CHANGES TO OFF	ICERS AND D	IDECTOR	S IN 11	
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NAME	MARTIN, JEFFREY			NAME				_	_ Unange		
STREET ADDRESS	11637 ORPINGTING ST			STREET AD	DRESS						
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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

SIGNATURE: