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2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000023433

1. Entity Name

Drive USA, Inc.

FILED

01 JUL 23 PM 4: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2. Principal Place of Business

32700 U.S. Hwy. 19 No.

3. Mailing Address

32700 U.S. Hwy. 19 No.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Palm Harbor, FL

City & State

Palm Harbor, FL

4. FEI Number

59-3511070

Applied For

Not Applicable

Zip

34684

Country

Pinellas

Zip

34684

Country

Pinellas

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301-2525

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
NAME
STREET ADDRESS
CITY-ST-ZIP
President/Treasurer ☐ Delete
William Planes, II
555 NE 15th St., #33E
Miami, FL 33132

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President/Director ☒ Change ☐ Addition
William Planes, II
4775 Collins Ave. #1505
Miami Beach, FL 33140

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO ☐ Delete
William Planes
854 Cypress Lakeview Court
Tarpon Springs, FL 34689

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CEO/Director ☒ Change ☐ Addition
William Planes, Sr.
854 Cypress Lake View Court
Tarpon Springs, FL 34689

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President/Secretary ☐ Delete
Steve E. Pallos
10000 U.S. Hwy 98 No. #972
Lakeland, FL 33809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director ☒ Change ☐ Addition
Steve E. Pallos
10000 U.S. Hwy 98 No. #972
Lakeland, FL 33809

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary/Sr. Vice Pres. ☐ Change ☒ Addition
Langfred W. White
2094 Ashbury Drive
Clearwater, FL 33764

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Treasurer/Controller ☐ Change ☒ Addition
Deborah Noll
4168 Amber Lane
Palm Harbor, FL 34685

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
500004432655--3

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:

Langfred W. White

Secretary/Sr. Vice Pres.

July 18 2001

727-781-9885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)



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ACCOUNT NO. : 072100000032
REFERENCE : 233707 5061379
AUTHORIZATION : Patricia Pigato
COST LIMIT : \$ 61.25

ORDER DATE : July 23, 2001

ORDER TIME : 3:39 PM

ORDER NO. : 233707-035

CUSTOMER NO: 5061379

CUSTOMER: Langfred White, Esq
Icc Financial Group
32700 Us Highway 19 North
Palm Harbor, FL 34684-3119

RECEIVED
01 JUL 23 PM 3:53
DIVISION OF CORPORATION

ANNUAL REPORT FILING

NAME: DRIVE USA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea-EXT#1114

EXAMINER'S INITIALS: _____