

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V03286

1. Entity Name

HONDA DIGITAL, INC.

**FILED**  
**Mar 23, 2001 8:00 am**  
**Secretary of State**

03-23-2001 90028 012 \*\*\*150.00

Principal Place of Business

Mailing Address

1063 KELSEY AVENUE  
OVIEDO FL 32765

1063 KELSEY AVENUE  
OVIEDO FL 32765

2. Principal Place of Business

3. Mailing Address

456 Palm Drive

456 Palm Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OVIEDO

OVIEDO

Zip

Zip

Country

Country

32765

32765

4. FEI Number 59-3098250

Applied For

Not Applicable

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

MILAGROS R. HONDA  
1063 KELSEY AVE.  
OVIEDO FL 32765

Name Milagros R. HONDA

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

456 Palm Drive

City OVIEDO

FL

Zip Code 32765

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 DVP  
NAME HONDA, MILAGROS R.  
STREET ADDRESS 1063 KELSEY AVENUE  
CITY-ST-ZIP OVIEDO FL ☐ Delete

TITLE DVP  
NAME HONDA, MILAGROS R.  
STREET ADDRESS 456 PALM DRIVE  
CITY-ST-ZIP OVIEDO FL 32765 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/2001 407-366-0003  
Date Daytime Phone #

CR2E034 (10/00)