

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000004115

Entity Name: FLORIDA SPECIALTY LICENSE PLATE ADVOCACY
ASSOCIATION, INC.

Current Principal Place of Business:

215 W COLLEGE AVE SUITE 411
TALLAHASSEE, FL 32301

Current Mailing Address:

215 W COLLEGE AVE SUITE 411
TALLAHASSEE, FL 32301

FEI Number: 80-0847841

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOIRE, MARTIN C
595 W GRANADA AVE SUITE J
ORMOND BEACH, FL 32174 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name GOLDSTEIN, SUSAN K
Address 215 W COLLEGE AVE SUITE 411
City-State-Zip: TALLAHASSEE FL 32301

Title D
Name BOIRE, MARTIN C
Address 595 W GRANADA BLVD STE J
City-State-Zip: ORMOND BEACH FL 32174

Title D
Name HAAS, DENNIS
Address 10250 NW 53RD ST
City-State-Zip: SUNRISE FL 33351

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARTIN C BOIRE

DIR

03/15/2013

Electronic Signature of Signing Officer/Director Detail

Date