

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 24, 2001 8:00 am**  
**Secretary of State**

04-24-2001 90037 036 \*\*\*150.00

**DOCUMENT # 333974**

1. Entity Name  
**ORLANDO AUTO PARTS & SERVICE INC**

Principal Place of Business 1092 B E MICHIGAN STREET ORLANDO FL 32906	Mailing Address 1092 B E MICHIGAN STREET ORLANDO FL 32806
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number **59-1220607** 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**

**PASKIN, SAM**  
**1092 B EAST MICHIGAN STREET**  
**ORLANDO FL 32806**

Name
Street Address (P.O. Box Number is Not Acceptable)
City <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<b>STD</b>	<input type="checkbox"/> Delete
NAME	<b>PASKIN, SYLVIA</b>	
STREET ADDRESS	<b>1092 B EAST MICHIGAN ST</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 00000</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PASKIN, STEVEN</b>	
STREET ADDRESS	<b>20425 VIA CASTELLON</b>	
CITY-ST-ZIP	<b>YORBA LINDA CA 92886</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PASKIN, RICHARD</b>	
STREET ADDRESS	<b>601 ELMWOOD</b>	
CITY-ST-ZIP	<b>WILMETTE, ILL 00000</b>	
TITLE	<b>PVD</b>	<input type="checkbox"/> Delete
NAME	<b>PASKIN, SAM</b>	
STREET ADDRESS	<b>1092 B EAST MICHIGAN ST</b>	
CITY-ST-ZIP	<b>ORLANDO, FL 00000</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Paskin, Steven</b>	
STREET ADDRESS	<b>20152 Glacier Cir.</b>	
CITY-ST-ZIP	<b>Huntington Beach, Ca. 92646</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Sylvia Paskin **Sylvia Paskin** 4/21/01 **(407) 4255329**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Phone #

CR2E034 (10/00)