

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90166 011 ***150.00

DOCUMENT # **561739**
 1. Entity Name **Zalar Auto Supply, I**

Principal Place of Business **Zalar Auto PARTS Inc**
 Mailing Address

A0051290

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **NONE**
 Suite, Apt. #, etc.

3. Mailing Address **5290 Chiswick Cr**
 Suite, Apt. #, etc.

City & State **ORLANDO FL**

4. FEI Number **59-1812160**
 Applied For
 Not Applicable

Zip **32812** Country **USA**
 Zip **32812** Country **ORANGE**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Hillman, Randy
203 Hillcrest St
Orlando FL 32801

7. Name and Address of New Registered Agent
 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 _____ 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**

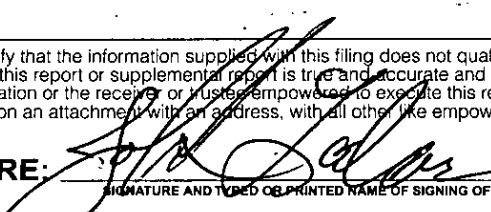
11. OFFICERS AND DIRECTORS

TITLE NAME	John Zalar <input checked="" type="checkbox"/> Delete PDT
STREET ADDRESS	5290 Chiswick
CITY-ST-ZIP	ORLANDO FL 32812
TITLE NAME	Carolyn Zalar <input type="checkbox"/> Delete S
STREET ADDRESS	5290 Chiswick
CITY-ST-ZIP	Orlando FL 32812
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/09/2001 **407-851-7546**
 Date Daytime Phone #

CRZE034 (11/00)