## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Jan 31, 2001 8:00 am Secretary of State **DOCUMENT # 318500** JAY'S USED CARS OF ORLANDO, INC. 01-31-2001 90317 036 \*\*\*150.00 Principal Place of Business Mailing Address 4126 OLD WINTER GARDEN ROAD 4126 OLD WINTER GARDEN ROAD ORLANDO FL 32805 ORLANDO FL 32805 HS 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1168278 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **IOTT. RICHARD** Street Address (P.O. Box Number is Not Acceptable) 4126 OLD WINTER GARDEN RD ORLANDO FL 32805 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE IOTT, RICHARD NAME NAME STREET ADDRESS 4126 OLD WINTER GARDEN R STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32805 ☐ Change Addition TITLE ☐ Delete TITLE. NAME BROWN, ANGALENE NAME STREET ADDRESS 4126 OLD WINTER GARDEN R STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Delete TITLE Change ☐ Addition TITLE NAME IOTT, ALICIA NAME 4126 OLD WINTER GARDEN R STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32805 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME REED, VANESSA NAME STREET ADDRESS STREET ADDRESS 4126 OLD WINTER GARDEN R CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE IOTT. ALECIA NAME NAME STREET ADDRESS STREET ADDRESS 4126 OLD WINTER GARDEN R CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL

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.

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

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Delete

☐ Change

☐ Addition