

# 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

Mailing Address

Zalar Auto Parts Inc

A0051290

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

NONE

3. Mailing Address

5290 Chiswick Cr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orlando FL

4. FEI Number

59-1812160

Applied For

Not Applicable

Zip

Country

USA

Zip

32812

Country

ORANGE

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

Hillman, Randy  
 203 Hillcrest St  
 Orlando FL 32801

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

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 NAME John Zalar P.D.T.  
 STREET ADDRESS 5290 Chiswick  
 CITY-ST-ZIP Orlando FL 32812

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

TITLE NAME Carolyn Zalar S  
 STREET ADDRESS 5290 Chiswick  
 CITY-ST-ZIP Orlando FL 32812 ☐ 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

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 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

Date

Daytime Phone #

4/09/2001 407-851-7546

CRZE034 (11/00)