

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 608287

1. Entity Name

ORANGE COUNTY SPRING & ALIGNMENT, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90019 002 ***150.00

Principal Place of Business

Mailing Address

5495 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32839-2771

5495 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32839-2771

2. Principal Place of Business

3711 Rogers Ind. Pk. Rd.

3. Mailing Address

3711 Rogers Ind. Pk. Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Okahumpka, FL 34762

City & State

Okahumpka, FL 34762

4. FEI Number

59-1873625

Applied For

Not Applicable

Zip
34762

Country
USA

Zip
34762

Country
USA

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

SWIGERT, BRETT L ESO
531 N. BAY ST.
EUSTIS FL 32726

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, 2000 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
STREET ADDRESS
CITY-ST-ZIP
PD
HYLANDER, ROBERT
HC 1 BOX 626 A
GEORGETOWN FL 32139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice-Pres./Secretary
Hylander, Robert
HC 1 Box 626 A
Georgetown, FL 32139 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
HYLANDER, GERALD R
1531 MONTANA ST
ST CLOUD FL 34769 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
HYLANDER, CHARLES
1711 ROGERS IND PARK RD
OKAHUMPKA FL 34762 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President/Treasurer
Hylander, Charles
35542 Cedar Lane
Leesburg, FL 34788 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
WALLUM, STACEY
3711 ROGERS INDUSTRIAL PARK RD
OKAHUMPKA FL 34762 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
HYLANDER, CHRISTINA
HC 1 BOX 626A
GEORGETOWN FL 32139 ☒ 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

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 #

4-24-00

CR2E034 (9/99)