2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

H89635 DOCUMENT #

1. Entity Name

ORLANDO 'FL" 32805

SOSA, ALVIN

ORLANDO FL 32805

103 S. ORANGE BLOSSOM TRAIL

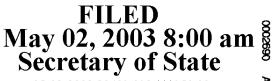
CENTRAL WRECKER LEASING, INC.



Principal Place of Business Mailing Address 103 S. ORANGE BLOSSOM TRAIL 103 S. ORANGE BLOSSOM TRAIL

2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State

ORLANDO FL 32805



05-02-2003 90401 018 ***150.00



ш	CHECK HERE	11	MAKING	CHANGES

		L						NOI Applica	101
Zip	Country	Zip	Coun	ry	5. Certificate of Status Desired	-		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New	Rea	Istered	Agent		

Street Address (P.O. Box Number is Not Acceptable)

4. FEI Number

59-2611340

Trust Fund Contribution.

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

10.

NAME

TITLE

NAME

TITLE

NAME

CITY-ST-7IP

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-7IP

STREET ADDRESS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

OATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

9. Election Campaign Financing \$5.00 May Be Added to Fees

☐ Change

Change

☐ Change

Addition

Addition

☐ Addition

Applied For

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

OFFICERS AND DIRECTORS

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NAME	SOSA, ALVIN	NAME			
STREET ADDRESS	103 S. ORANGE BLOSSOM TRAIL	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL	CITY-ST-ZIP			
TITLE	☐ Delete	TITLE	<u> </u>	☐ Change	☐ Addition
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP	to the transport of the property of the second of the seco	CITY-ST-ZIP	- A Breeder		
TITLE	☐ Delete	TITLE		☐ Change	Addition

NAME

STREET ADDRESS CITY+ST-ZIP		STREET ADDRESS CITY-ST-ZIP
TITLE	. Delete	TITLE
NAME		NAME
STREET ADDRESS		STREET ADDRESS

CITY-ST-7IP ☐ Delete NAME

STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE

> STREET ADDRESS CITY-ST-ZIP

NAME

12. 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 occurate 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 of trustee empowered the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: