

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J95449

1. Entity Name
ORLANDO ACTION AUTO, INC.

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90095 011 ***158.75

Principal Place of Business
13650 GRANVILLE AVENUE
CLERMONT FL 34712-8546
US

Mailing Address
P.O. BOX 121546
CLERMONT FL 34712-8546

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2847068**

Applied For

Not Applicable

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

DULGAR, JACK L.
10301 CYPRESS COVE LANE
CLERMONT FL 34711

Name
JACK L DULGAR
Street Address (P.O. Box Number is Not Acceptable)
13650 GRANVILLE AVE
City
CLERMONT FL Zip Code
34712-8546

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 _____ (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	P	<input type="checkbox"/> Delete
NAME	DULGAR, JACK L.	
STREET ADDRESS	10301 CYPRESS COVE LANE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	V	<input type="checkbox"/> Delete
NAME	BENSON, FRANK E.	
STREET ADDRESS	12900 PHILLIPS RD.	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	13650 GRANVILLE AVE
CITY-ST-ZIP	CLERMONT FL 34712-8546
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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: *Jack L Dulgar*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/01

Date

407-656-4044

Daytime Phone #

CR2E034 (10/00)