

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000010707

1. Entity Name
VICAR MOTORS OF ORLANDO, INC.

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

02-05-2001 90045 043 ***150.00

Principal Place of Business

4098 S ORANGE AVE
ORLANDO FL 32806

Mailing Address

4098 S ORANGE AVE
ORLANDO FL 32806

2. Principal Place of Business

5606 S ORANGE AVE

Suite, Apt. #, etc.

3. Mailing Address

5606 S. ORANGE AVE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Orlando Florida

Zip
32809

Country
U-S-A

City & State
Orlando Florida

Zip
32809

Country
U-S-A

4. FEI Number
59-3308457

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

GOSS, ROBERTO
4098 S ORANGE AVE
ORLANDO FL 32806

Name

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

5606 S. ORANGE AVE

City
Orlando

FL

Zip Code
32809

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 STREET ADDRESS CITY-ST-ZIP	D GOSS, ROBERTO 4098 S ORANGE AVE ORLANDO FL 32806	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOSS, MILDRED A 4098 S ORANGE AVE ORLANDO FL 32806	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President 5606 S. ORANGE AVE Orlando FL 32809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary 5606 S. ORANGE AVE Orlando FL 32809	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 #

CR2E034 (10/00)