

2001 UNIFORM BUSINESS REPORT (UBR)

5/1/

FILED
May 25, 2001 8:00 am
Secretary of State

05-01-2001 90042 021 ***158.75

DOCUMENT # P00000070090

1. Entity Name

THE ULTIMATE CAR CARE, INC. OF ORLANDO

Principal Place of Business

Mailing Address

8644 FOLEY DR
 ORLANDO FL 32825

8644 FOLEY DR
 ORLANDO FL 32825

2. Principal Place of Business

Mobile

3. Mailing Address

P.O. box

Suite, Apt. #, etc.

Suite, Apt. #, etc.

151439

City & State

City & State

Altamonte Springs, FL

Zip

Country

Zip

Country

32715

4. FEI Number

59-3667630

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

MEDINA, JAVIER
 8644 FOLEY DR
 ORLANDO FL 32825

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)

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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.

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**\$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 | <input type="checkbox"/> Delete |
|-------|---------------|----------------|----------------------------|---------------------------------|
| Owner | Javier Medina | PO Box 151439 | Altamonte Springs FL 32715 | <input type="checkbox"/> |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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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

JAVIER MEDINA 4/25/01 (407) 402-8466

Date

Daytime Phone #

CR2E034 (10/00)