

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90020 035 ***150.00

DOCUMENT # P00000070090

1. Entity Name

THE ULTIMATE CAR CARE, INC. OF ORLANDO

Principal Place of Business

Mailing Address

**8644 FOLEY DR
 ORLANDO FL 32825**

**P O BOX 151439
 ALTAMONTE SPRINGS FL 32715**

B0062365



2. Principal Place of Business

5303 E. Colonial Dr. - Ste. H.

3. Mailing Address

5303 E. Colonial Dr. - Ste. H

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Orlando, FL.

Orlando, FL.

City & State

City & State

DO NOT WRITE IN THIS SPACE

Zip **32807**

Country **U.S.**

Zip **32807**

Country **U.S.**

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

**MEDINA, JAVIER
 8644 FOLEY DR
 ORLANDO FL 32825**

7. Name and Address of New Registered Agent

Name

N/A

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, 2002 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

TITLE **0** ☐ Delete
 NAME **MEDINA, JANER**
 STREET ADDRESS **P O BOX 151439**
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32715**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Owner** ☒ Change ☐ Addition
 NAME **Javier Medina**
 STREET ADDRESS **5303 E. Colonial Dr. - Ste H.**
 CITY-ST-ZIP **Orlando FL 32807**

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

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

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

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

TITLE ☐ Change ☐ 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:

JAVIER MEDINA

4-2-02

407-273-1331

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)