

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90977 005 \*\*\*150.00

DOCUMENT # P00000079732

1. Entity Name  
DRIVEWAY 2000, INC.



Principal Place of Business  
5200 CHISWICK AVENUE  
ORLANDO FL 32812

Mailing Address  
5200 CHISWICK AVENUE  
ORLANDO FL 32812

2. Principal Place of Business  
5200 Chiswick Avenue  
Suite, Apt. #, etc.

3. Mailing Address  
5200 Chiswick Avenue  
Suite, Apt. #, etc.

City & State  
Orlando, Florida  
Zip 32812 Country Orange

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Orlando, Florida  
Zip 32812 Country Orange

4. FEI Number 59-3580722

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

CONTRERAS, LUIS  
5200 CHISWICK CIRCLE  
ORLANDO FL 32812

Name Contreras, Luis  
Street Address (P.O. Box Number is Not Acceptable)  
5200 Chiswick Circle  
City Orlando FL Zip Code 32812

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 *[Signature]* Owner 4-28-03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P  
NAME CONTRERAS, LUIS  
STREET ADDRESS 5200 CHISWICK CIRCLE  
CITY-ST-ZIP ORLANDO FL 32812 ☐ Delete

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

TITLE ST  
NAME CONTRERAS, ROSA  
STREET ADDRESS 5200 CHISWICK CIRCLE  
CITY-ST-ZIP ORLANDO FL 32812 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED Owner  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-03 407-857-5229  
Date Daytime Phone #

CR2E034 (10/02)