

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000081405

1. Entity Name

C & N AUTO REPAIR INC.

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90037 005 ***158.75

0067615

Principal Place of Business
6220 N ORANGE BLVD TRAIL
ORLANDO FL 32792
32810

Mailing Address
6220 N ORANGE BLVD TRAIL
ORLANDO FL 32792
32810

935645



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6220 NOBT
Suite, Apt. #, etc.

3. Mailing Address
6220 NOBT
Suite, Apt. #, etc.

City & State
Orl. FLA
Zip
32810
Country
USA

City & State
Orlando FLA
Zip
32810
Country

4. FEI Number
59-3667327
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

POWALISZ, LARRY
1750 SEMORAN BLVD
WINTER PARK FL 32792

7. Name and Address of New Registered Agent

Name
Nick T Cardone, Pres.
Street Address (P.O. Box Number is Not Acceptable)
6220 North Orange blossom trail
City
Orlando FLA FL Zip Code
32810

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

3-19-01

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARDONE, NICK T 3466 HARBOUR WAY WINTER PARK FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPD POWALISZ, LARRY 1750 SEMORAN BLVD WINTER PARK FL 32792	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice. Pres. Vernon F. Nelson 2361 Pemberton ST Oviedo FLA 32765	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Cardone, Nick T 2466 Harbour Way W.P. FLA 32792	<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	Vice Pres Vernon F. Nelson 2361 Pemberton ST Oviedo FLA 32765	<input type="checkbox"/> Change <input checked="" 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

Nick T. CARDONE 3-19-01 4072940202

Date

Daytime Phone #

CR2E034 (10/00)