

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000117554

1. Entity Name

WILLI AUTO REPAIR, INC.

Principal Place of Business

Mailing Address

1435 W. TAFT VINELAND ROAD
ORLANDO FL 32837

1435 W. TAFT VINELAND ROAD
ORLANDO FL 32837

2. Principal Place of Business

9769 S.O.B.T.

3. Mailing Address

9769 S.O.B.T.

Suite, Apt. #, etc.

UNIT 37

Suite, Apt. #, etc.

UNIT 37

City & State

ORLANDO FLORIDA

City & State

ORL FL

Zip

32837

Country

ORANGE

Zip

32837

Country

ORANGE

4. FEI Number

59-3644375

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, WILLIAM
2234 W. ROBLE DRIVE
KISSIMMEE FL 34746

7. Name and Address of New Registered Agent

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)

☐

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
D
RODRIGUEZ, WILLIAM
2234 W. ROBLE DRIVE
KISSIMMEE FL 34746

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PENUELA, MABEL R
2234 W. ROBLE DRIVE
KISSIMMEE FL 34746

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
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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

Date

Daytime Phone #

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90189 005 ***150.00

973896



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)