

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90194 042 ***150.00

DOCUMENT # P01000023775

1. Entity Name
O.B.T. AUTO SERVICES, INC



Principal Place of Business
**1900 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805**

Mailing Address
**1900 S. ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805**

40068409



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-3704142

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LEIRIAS, CESAR DA SILVA
1900 SOUTH ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805**

Name **Piccoli, Mauricio**

Street Address (P.O. Box Number is Not Acceptable)

6526, Lake Gloria Shores Blvd

City **Orlando**

FL

Zip Code **32809**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

\$2746

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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 PD
NAME LEIRIAS, CESAR DA SILVA ☒ Delete
STREET ADDRESS 1640 SACKETT CIRCLE
CITY-ST-ZIP ORLANDO, FL 32818

TITLE PD
NAME Piccoli, Mauricio ☒ Change ☐ Addition
STREET ADDRESS 6526, Lake Gloria Shores Blvd
CITY-ST-ZIP Orlando / FL 32809

TITLE VD
NAME PICCOLI, MAURICIO A ☐ Delete
STREET ADDRESS 6526 LAKE GLORIA SHORES
CITY-ST-ZIP ORLANDO, FL 32809

TITLE VD
NAME Leirias, Cesar ☒ Change ☐ Addition
STREET ADDRESS 1640, Sackett Circle
CITY-ST-ZIP Orlando / FL - 32818

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME secretary ☐ Change ☒ Addition
STREET ADDRESS Piccoli, Mariza
CITY-ST-ZIP 7504, chapelhill Dr
Orlando / FL 32819

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #