

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

03 OCT -1 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01000023775**

1. Entity Name

O.B.T. Auto Services, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**1900 S ORANGE BLOSSOM
TRAIL**

3. Mailing Address

Suite, Apt. #, etc.

REINSTATEMENT 2003

City & State

ORLANDO FLORIDA

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

WOF

Zip
32805

Country
ORANGE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CESAR DA SILVA LEIRIAS

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

4781 CASON COVE DR #906

City
ORLANDO

FL

Zip Code
32811

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**J.D.
LEIRIAS, CESAR DA SILVA
4781 CASON COVE DR #906
ORLANDO FL 32811**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**600021216206
10/28/03--01073--028 **150.00**

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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 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 #

CR2E034B (12/02)

2042

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 150.00 for the annual report fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my Corporation O.B.T. Auto Services, Inc.

Thank you for your courtesy in this matter.



CESAR DA SILVA LEIRIAS
PRESIDENT