

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000082505

1. Entity Name
DELEON TIRE SERVICE INC



Principal Place of Business
998 TAFT VINELAND RD
ORLANDO FL 32824

Mailing Address
998 TAFT VINELAND RD
ORLANDO FL 32824

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-06-2003 90014 038 ***150.00

55004119



2. Principal Place of Business
998 TAFT VINELAND RD
Suite, Apt. #, etc.

3. Mailing Address
998 TAFT VINELAND RD
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
ORLANDO FL

City & State
ORLANDO FL

Zip
32824

Country
USA

Zip
32824

Country
USA

4. FEI Number 58-12-187517-80-2
55#594-17-7483

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
DE LEON, JUAN C
998 TAFT VINELAND RD
ORLANDO FL 32824

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE TC2 DATE 1-2-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	P	<input type="checkbox"/> Delete
NAME	DE LEON, JUAN C	
STREET ADDRESS	998 TAFT VINELAND RD	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	ARROYO, KAREN	
STREET ADDRESS	998 TAFT VINELAND RD	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE	V	<input type="checkbox"/> Delete
NAME	LAZARO DE LEON	
STREET ADDRESS	998 TAFT VINELAND RD	
CITY-ST-ZIP	ORLANDO FL 32824	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-2-03
Date

407 4671780
Daytime Phone #

CR2E034 (10/02)