

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

FILED

02 OCT 14 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000037389**
1. Entity Name
Orlando Auto Repair Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1024 S-ORANGE Blossom TR
Suite, Apt., etc.

3. Mailing Address
1024 S-ORANGE Blossom TR
Suite, Apt., etc.

DO NOT WRITE IN THIS SPACE

City & State
Orlando Florida
Zip
32805

City & State
Orlando Florida
Zip
32805

4. FEI Number
59 318 3732

Applied For
(Not Applicable)

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 **JUDYPA C WELLMAN**
Street Address **315 EAST ROBINSON St**
Suite 600
City **Orlando FL** Zip Code **32801**

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: _____
By _____, Secretary or Treasurer or authorized agent of the corporation.

DATE: _____
By _____, Registered Agent of the corporation.

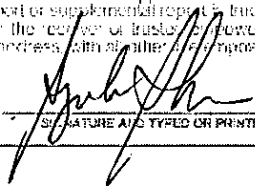
9. This corporation is eligible to satisfy its intangible tax filing requirement and elect to do so.
(See criteria on back) ☐

10. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME S. STATE ADDRESS CITY-STATE-ZIP	PRESIDENT Augusto E. ALVA 1360 GOSPIOLAS DR Winter Park FL 32792	TITLE NAME S. STATE ADDRESS CITY-STATE-ZIP	
TITLE NAME S. STATE ADDRESS CITY-STATE-ZIP		TITLE NAME S. STATE ADDRESS CITY-STATE-ZIP	
TITLE NAME S. STATE ADDRESS CITY-STATE-ZIP		TITLE NAME S. STATE ADDRESS CITY-STATE-ZIP	000008335170--0 -10/11/02--01063--001 ****150.00 ****150.00
TITLE NAME S. STATE ADDRESS CITY-STATE-ZIP		TITLE NAME S. STATE ADDRESS CITY-STATE-ZIP	IN THIS SPACE
TITLE NAME S. STATE ADDRESS CITY-STATE-ZIP		TITLE NAME S. STATE ADDRESS CITY-STATE-ZIP	
TITLE NAME S. STATE ADDRESS CITY-STATE-ZIP		TITLE NAME S. STATE ADDRESS CITY-STATE-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(5)(g), 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 697, Florida Statutes and that my name appears in Block 11 or on an attachment with an address, with all other officers, empowered.

 **AUGUSTO E. ALVA** Pres. 10-8-02 407 8727352
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034B (12/01)

7/10/14/02

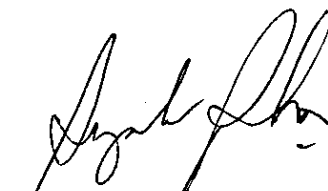
10-8-02

to whom it may concern:

We have not received the yearly Application
for our corporation. We call John
DEAT and they told us to make a
note that we didn't receive the
Application and to get a form from
your website and send it along with
the payment.

Heris Schech Tom 950. = send the
form from your website

thank you.


Douglas Auto Repair Inc.