

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000074172

1. Entity Name

AUTOTIM CORP.

Principal Place of Business

5900 CASA DEL REY CIRCLE
ORLANDO FL 32809

Mailing Address

P.O. BOX 1650
WINDERMERE FL 34786-1650

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90113 039 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0442966

Applied For

Not Applicable

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

ORCHILLES, JORGE L.
5900 CASA DEL REY CIRCLE
ORLANDO FL 32809

Name FRANCISCO ORCHILLES JR.

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

5900 CASA DEL REY CIRCLE

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.

SIGNATURE FRANCISCO ORCHILLES JR.

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

(NOTE: Registered Agent signature required when reinstating)

1/12/00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME ORCHILLES JR., FRANCISCO
STREET ADDRESS 362 CROFTON DR.
CITY-ST-ZIP OC0EE FL

TITLE PRESIDENT ☒ Change ☐ Addition
NAME FRANCISCO ORCHILLES JR.
STREET ADDRESS 5900 CASA DEL REY CIRCLE
CITY-ST-ZIP Orlando, FL 32809

TITLE VSD ☒ Delete
NAME ORCHILLES, JORGE L
STREET ADDRESS 508 LAURENBURG LANE
CITY-ST-ZIP OC0EE FL 34761

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

TITLE TD ☐ Delete
NAME ORCHILLES, JUAN C
STREET ADDRESS 406 CROFTON DR
CITY-ST-ZIP OC0EE FL 34761

TITLE SECRETARY ☒ Change ☐ Addition
NAME ORCHILLES, JUAN C.
STREET ADDRESS 5900 CASA DEL REY CIRCLE
CITY-ST-ZIP Orlando, FL 32809

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: JUAN C. ORCHILLES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00
Date

407-3630015
Daytime Phone #

CR2E034 (9/99)