

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000072517

1. Entity Name

Winters Automotive, Inc

Principal Place of Business

Mailing Address

5380 S. Orange Ave #1
Orlando, FL 32809

2. Principal Place of Business

3. Mailing Address

5380 S. Orange Ave

5380 S. Orange Ave

Suite, Apt., etc.

Suite, Apt., etc.

UNIT 1

UNIT 1

City & State

City & State

Orlando, Florida

Orlando, Florida

Zip

Country

Zip

Country

32809

32809

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Linda S. Winters
5380 S. Orange Ave #1
Orlando, Florida 32809

Name: VIVIAN CANO
Street Address (P.O. Box Number is Not Accepted):
5380 S. Orange Ave. #1
City: Orlando, FL 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

Vivian Cano

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

(If FEE: Registered Agent signature required when resubmitting)

DATE

7/25/01

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)

TITLE	Director	☒ Delete
NAME	Linda S. Winters	
STREET ADDRESS	5380 S. Orange Ave #1	
CITY-STATE-ZIP	Orlando Florida 32809	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

TITLE	Director	☐ Change ☒ Addition
NAME	VIVIAN CANO	
STREET ADDRESS	5380 S. Orange Ave. #1	
CITY-STATE-ZIP	Orlando, Florida 32809	
TITLE	Director	☐ Change ☒ Addition
NAME	GEORGE CANO	
STREET ADDRESS	5380 S. Orange Ave #1	
CITY-STATE-ZIP	Orlando, Florida 32809	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]

7/25/01

407-851-7746

Date

Signature Printed

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA