

2001 UNIFORM BUSINESS REPORT (UBR)

1/23

FILED
Feb 09, 2001 8:00 am
Secretary of State

01-23-2001 90121 006 ***150.00

DOCUMENT # P95000014718

1. Entity Name

CORAL SPRINGS TIRE & AUTO CENTER, INC.

Principal Place of Business

8090 WILES RD.
CORAL SPRINGS FL 33065

Mailing Address

8090 WILES RD.
CORAL SPRINGS FL 33065

2. Principal Place of Business

3. Mailing Address

1509 LYONS ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
COCONUT CREEK FLORIDA

Zip

Country

Zip

33063

Country

4. FEI Number

65-0562575

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LYONS PLAZA TIRE & AUTO CENTER, INC.
1509 LYONS ROAD
COCONUT CREEK FL 33066**

7. Name and Address of New Registered Agent

Name

ORETSKY, LLOYD

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

1509 LYONS ROAD

City

COCONUT CREEK

FL

Zip Code

33063

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	ORETSKY, LLOYD	
STREET ADDRESS	8090 WILES RD.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	V	<input type="checkbox"/> Delete
NAME	ORETSKY, JUDITH	
STREET ADDRESS	8090 WILES RD.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	T	<input type="checkbox"/> Delete
NAME	ORETSKY, TODD	
STREET ADDRESS	8090 WILES RD.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	S	<input type="checkbox"/> Delete
NAME	ORETSKY, JOSH	
STREET ADDRESS	8090 WILES RD.	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

George S. Casale

1/10/01

Date

954 975 1888

Daytime Phone #

LLOYD ORETSKY 2/1/01

CR2E034 (10/00)