

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 21, 2001 8:00 am**  
**Secretary of State**

05-21-2001 90362 008 \*\*\*150.00

DOCUMENT #

1. Entity Name

*P95000054702*  
*AUTO BUFF, Inc.*  
*dba Nature's Table Cafe*

Principal Place of Business

*8529 South Park Cir*  
*#130*  
*Orlando, FL 32819*

Mailing Address

*1716 Mizell Ave.*  
*Winter Park, FL*  
*32789*

2. Principal Place of Business

*8529 South Park Cir.*  
*#130*

3. Mailing Address

*1716 Mizell Ave.*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

*Orlando FL*

City & State

*Winter Park, FL*

4. FEI Number

*59-3359122*

Applied For

Not Applicable

Zip

*32819*

Country

*ORANGE*

Zip

*32789*

Country

*ORANGE*

5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

**A0070893**

6. Name and Address of Current Registered Agent

*MARION Ainsworth*  
*1716 Mizell Ave.*  
*Winter Park*

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.

*MARION Ainsworth*  
 SIGNATURE *Marion Ainsworth*

*4/30/01*

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 *Secretary - Treasurer* ☒ Delete  
 NAME *Brian Csercsevits*  
 STREET ADDRESS *2625 Lafayette Ave.*  
 CITY-ST-ZIP *Winter Park, FL 32789*

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *Secretary - Treasurer* ☐ Change ☒ Addition  
 NAME *MARTIN Csercsevits JR.*  
 STREET ADDRESS *1402 CARLSON ST.*  
 CITY-ST-ZIP *Orlando, FL 32804*

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

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

TITLE ☐ Change ☐ Addition  
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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: *Marion Ainsworth* President

*MARION Ainsworth*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/30/01*

Date

*407-345-1070*

Daytime Phone #

CR2034 (11/00)