

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90048 014 ***150.00

DOCUMENT # P95000090552

1. Entity Name
CARS OF CENTRAL FLORIDA INC.

Principal Place of Business

**165 W. KEEN STREET
 KISSIMMEE FL 34741**

Mailing Address

**165 W. KEEN STREET
 KISSIMMEE FL 34741**

2. Principal Place of Business

**140 W CARROLL ST
 Suite, Apt. #, etc.**

3. Mailing Address

**140 W CARROLL
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

KISSIMMEE

City & State

KISSIMMEE

4. FEI Number **59-3349156**

Applied For
 Not Applicable

Zip
34741

Country
Osceola

Zip
34741

Country
Osceola

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MYLEMANS, MAURICE E
 165 W. KEEN STREET
 KISSIMMEE FL 34741**

7. Name and Address of New Registered Agent

Name

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

140 W CARROLL ST

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.

SIGNATURE **Maurice E. Mylemans** **MAURICE E. MYLEMANS** **04-20-01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **MYLEMANS, MAURICE E**
 STREET ADDRESS **23 TROTTERS CIRCLE**
 CITY-ST-ZIP **KISSIMMEE FL 34743**

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

TITLE **V** ☐ Delete
 NAME **MYLEMANS, DOROTHY**
 STREET ADDRESS **23 TROTTERS CIRCLE**
 CITY-ST-ZIP **KISSIMMEE FL 34743**

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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 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: **Maurice E. Mylemans** **MAURICE E. MYLEMANS** **04 20 01** **4079449400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)