

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000021399**1. Entity Name  
**C.V. JOINTS FOR LESS INC.****APPROVED  
AND  
FILED**

02 OCT -9 PM 4:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDAPrincipal Place of Business  
549 N. GOLDENROD ROAD  
SUITE 9  
ORLANDO FL 32807Mailing Address  
549 N. GOLDENROD ROAD  
SUITE 9  
ORLANDO FL

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

SAME

3. Mailing Address

549 N. Goldenrod Rd

Suite, Apt. #, etc.

Suite 9

Suite, Apt. #, etc.

Suite 9

City &amp; State

Orl, FL 32807

City &amp; State

Orl, FL 32807

Zip

Country

Zip

Country

4. FEI Number **59-3387423**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**GONZALES, VILMA**  
6611 COCOS DRIVE  
ORLANDO WAY  
ORLANDO FL 32807

Name and Address of New Registered Agent

Name

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

3415 GATHIN PLACE  
CAN ORL 17

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Vilma Gonzales* 9/4/02

Signature, typed or printed name of registered agent and fee 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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 | NAME                     | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|-------|--------------------------|----------------|-------------|---------------------------------|
|       | <b>D</b>                 |                |             |                                 |
|       | <b>GONZALES, VILMA</b>   |                |             |                                 |
|       | <b>3415 GATHIN PLACE</b> |                |             |                                 |
|       | <b>ORLANDO FL 32812</b>  |                |             |                                 |
|       |                          |                |             | <input type="checkbox"/> Delete |
|       |                          |                |             | <input type="checkbox"/> Delete |
|       |                          |                |             | <input type="checkbox"/> Delete |
|       |                          |                |             | <input type="checkbox"/> Delete |
|       |                          |                |             | <input type="checkbox"/> Delete |
|       |                          |                |             | <input type="checkbox"/> Delete |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
|       |      |                |             |                                 |                                   |
|       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
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|       |      |                |             | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |

CR2E034 (4/02)

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: *Vilma Gonzales*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/4/02 407-380-5111

Date Daytime Phone #

10/2/02

C.V. Joints For Less, Inc.  
549 N. Goldenrod Rd. Ste. 8 & 9  
Orlando, FL 32807  
Tel: (407) 380-5111 or 380-2892  
Tel: (407) 380-3443

10/2/02

To Whom this may concern, at the Florida  
Department of State,

The reason why I was late to my  
renewal certificate is because I did not get  
the first notice, seem as if you have sent it  
to my old address, so please take this in  
consideration & renew my Corporation & waive  
any penalty fees. The last person that I  
talked to was Michelle on 10/1/02. Which I  
explained all this to her. Please send her  
my thank you's. Thank you for understanding.

Thank you,

Yolma Gonzalez

*Yolma Gonzalez*