

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

02-25-2003 90109 017 ***150.00

DOCUMENT # P96000021399

1. Entity Name
C.V. JOINTS FOR LESS INC.



Principal Place of Business
**549 N. GOLDENROD ROAD
SUITE 9
ORLANDO FL**

Mailing Address
**549 N. GOLDENROD ROAD
SUITE 9
ORLANDO FL**



2. Principal Place of Business

3. Mailing Address

889
Suite, Apt. #, etc.
Orl. FL
City & State

C.V. Joints For Less, Inc.
Suite, Apt. #
**549 N. Goldenrod Rd. Ste. 8 & 9
Orlando, FL 32807**
City & State

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State
**Tel: (407) 380-5111 or 380-2892
Tel: (407) 380-3443**

FEI Number
59-3387423

Applied For
Not Applicable

Zip
32807
Country
Orange

Zip
Country

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

6. Name and Address of Current Registered Agent

**GONZALES, VLMA
3415 GATHIN PLACE
ORLANDO FL 32812**

7. Name and Address of New Registered Agent

Name
C.V. Joints For Less, Inc.
Street Address (P.O. Box Number is Not Applicable)
**549 N. Goldenrod Rd. Ste. 8 & 9
Orlando, FL 32807**
City
FL Zip Code
**Tel: (407) 380-5111 or 380-2892
Tel: (407) 380-3443**

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 *Vlma Gonzales*
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GONZALES, VLMA 3415 GATHIN PLACE ORLANDO FL 32812	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Vlma Gonzales*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/19/03

CR2E034 (10/02)