2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an add

SIGNATURE:

Aug 08, 2000 8:00 am Secretary of State DOCUMENT # P9700009021 1. Entity Name GEORGIE'S AUTO INC. 08-08-2000 90009 040 ***150.00 Principal Place of Business Mailing Address 6656 E. COLONIAL DRIVE P.O. BOX 677295 ORLANDO FL 32807 ORLANDO FL 32867 NUVILIVA 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc+, Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3425720 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GONZALEZ, BLANCA Street Address (P.O. Box Number is Not Acceptable) 603 CYPRESS TREE COURT ORLANDO FL 32825 Zip Code FL 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PTS ☐ Addition TITLE ☐ Delete TITL F NAME GONZALEZ, GEORGE L NAME STREET ADDRESS STREET ADDRESS 603 CYPRESS TREE COURT CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32825 ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this fijing 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 employered to execute his report as re

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Wholesale Retail

GEORGIES AUTO INC.

6656 E. Colonial Drive Orlando, Florida 32807 Phone (407) 277-8878 • Fax (407) 277-8533

This letter is to imporm that I never receive a first notice and the adress in the second notice is correct