

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000078583

1. Entity Name

P & Z AUTO ENTERPRISE, INC.

Principal Place of Business

2699 SOBT
ORLANDO FL 32808

Mailing Address

1024 LAND VIEW CT
ORLANDO FL 32828-8381

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3467587

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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.

SIGNATURE

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, 2000 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	PD	☐ Delete
NAME	TELEMAQUE, PETERSON	
STREET ADDRESS	4636 MONTAUK STREET	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	D	☐ Delete
NAME	PATTERSON, IAN	
STREET ADDRESS	4636 MONTAUK STREET	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	SD	☒ Delete
NAME	PATTERSON, PURNELL	
STREET ADDRESS	4636 MONTAUK STREET	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE	TD	☐ Delete
NAME	PATTERSON, ZEPHLIN	
STREET ADDRESS	4636 MONTAUK STREET	
CITY-ST-ZIP	ORLANDO FL 32808	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	1024 Landview ct	
CITY-ST-ZIP	ORLANDO, FLA 32828	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS	8605 Ridgeman ct	
CITY-ST-ZIP	ORLANDO, FLA 32818	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Sec/Treas	☐ Change ☐ Addition
NAME		
STREET ADDRESS	1024 Landview ct	
CITY-ST-ZIP	ORLANDO, FLA 32818	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90007 034 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)