

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000080147

1. Entity Name

GUILLIN'S PARTS CONNECTION, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90087 003 ***150.00

Principal Place of Business

Mailing Address

2922 LOCH ARBOR CT.
 ORLANDO FL 32837

2922 LOCH ARBOR CT.
 ORLANDO FL 32837-9031

2. Principal Place of Business

3. Mailing Address

1420 GEMINI Blvd.

1420 GEMINI Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 11

Ste 11

City & State

City & State

ORLANDO, FL

ORLANDO, FL

Zip

Country

32837

U.S.A.

Zip

32837

Country

U.S.A.

4. FEI Number

59-3486987

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

VIRELLA, WILLIAM
 2922 LOCH ARBOR CT.
 ORLANDO FL 32837

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	P	<input type="checkbox"/> Delete
NAME	VIRELLA, WILLIAM	
STREET ADDRESS	2922 LOCH ARBOR CT.	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

William Virella
 Date: 4/28/2000 Daytime Phone #

CR2E034 (9/99)