

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000015985

1. Entity Name

CENTRAL PARK AUTO REPAIR, INC.

Principal Place of Business

1035 WEST LANCASTER ROAD
ORLANDO FL 32809

Mailing Address

1035 WEST LANCASTER ROAD
ORLANDO FL 32809

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BERKSON, GARY M
1132 SYMONDS AVENUE
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

Name Robert Payton
Street Address (P.O. Box Numbers Not Acceptable)
10931 Tangora St
City Orlando FL Zip Code 32825

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

Robert Payton

Robert Payton, President

4/17/01

Signature, typed or printed name of registered agent and filer of application.

(NOTE: Registered Agent's signature required when registering)

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, 2001 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

TITLE	D	☐ Delete
NAME	PAYTON, ROBERT L	
STREET ADDRESS	10931 TANGORA STREET	
CITY- ST- ZIP	ORLANDO FL 32825	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
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)(f), 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:

Robert Payton

Robert Payton, President

4/17/01

407-851-1560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE #

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90004 009 ***150.00

644442



DO NOT WRITE IN THIS SPACE

4. FFI Number **59-3493470** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Doc rec ☐ \$8.75 Additional Fee Required

CR2E034 (10/00)