

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2000 8:00 am
Secretary of State

06-06-2000 90005 036 ***150.00

DOCUMENT # ~~990000040600~~

1. Entity Name
ORLANDO CARPET, INC. P98000056739

Principal Place of Business **ORLANDO TRUCKSTOP INC** Mailing Address **SAME**
~~ORLANDO CARPET INC~~ **ORLANDO CARPET INC**
~~4868 S. ORANGE BLOSSOM TR~~ **4950 S.O.BT.** ~~ORLANDO FL 32839~~ **ORLANDO FL 32839-1710**

2. Principal Place of Business **ORLANDO TRUCKSTOP INC**
4950 S.O.BT.

3. Mailing Address
4950 S.O.BT.

DO NOT WRITE IN THIS SPACE

City & State **ORLANDO FL 32839** City & State **ORLANDO FL**

4. FEI Number ~~9800000000~~ Applied For Not Applicable

Zip **32839** Country **ORANGE** Zip **32839** Country **ORANGE**

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

~~ORLANDO TRUCKSTOP INC~~ **ORLANDO TRUCKSTOP INC**
~~4868 S. ORANGE BLOSSOM TR~~ **4950 S.O.BT**
ORLANDO FL 32839

Name **Same**
 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 _____ (NOTE: Registered Agent 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	P PABLA, PAUL S. ORLANDO TRUCKSTOP INC 4868 S. ORANGE BLOSSOM TR 4950 S.O.BT ORLANDO FL 32839 ORLANDO FL 32839	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President PAUL S. PABLA 7108 Skyline Dr ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE President MOHINDER SINGH 4868 S.O.BT ORLANDO FL 32839	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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: **Paul S. Pabla**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **6-27-00**
 Daytime Phone #