

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104275

1. Entity Name  
BOB CAR CENTER, INC.

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**FILED**  
**Aug 02, 2000 8:00 am**  
**Secretary of State**

08-02-2000 90123 031 \*\*\*150.00

Principal Place of Business  
6803 N. ORANGE BLOSSOM TR.  
ORLANDO FL 32810

Mailing Address  
6803 N. ORANGE BLOSSOM TR.  
ORLANDO FL 32810

2. Principal Place of Business

3. Mailing Address

6660 N. ORANGE BLOSSOM

6660 N.O.B.T.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TRAIL

City & State

City & State

ORLANDO FL

ORLANDO FL

Zip 32810 Country ORANGE

Zip 32810 Country ORANGE

4. FEI Number 59-3550019

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

MAYO, ROBERT A  
6803 N. ORANGE BLOSSOM TR.  
ORLANDO FL 32810

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 MAYO, ROBERT 3595 W KELLY PARK RD APOPKA FL 32712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAYO, SUSAN 3595 W KELLY PARK RD APOPKA FL 32712	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MAYO, SUSAN 3595 W KELLY PARK RD APOPKA FL 32712	<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"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/00

Date

407 299 0063

Daytime Phone #

TO WHOM IT MAY CONCERN,

Attachment  
D# 19800104275  
DW 75670

I AM ROBERT A. MAYO, PRESIDENT  
OF BOB CAR CENTER INC. I RECEIVED  
THIS SECOND NOTICE, BUT NEVER RECEIVED  
THE FIRST NOTICE, PROBABLY BECAUSE  
OF THE CHANGE OF ADDRESS. I CALLED  
~~ON THE PHONE AND WAS TOLD TO SEND~~  
A LETTER ALONG WITH \$150<sup>00</sup>/<sub>100</sub> DOLLARS.

THANK YOU,

Robert A Mayo

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