

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000002174

1. Entity Name

EINSTEIN AUTO, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90145 013 ***150.00

Principal Place of Business

Mailing Address

~~301 E OAK RIDGE ROAD~~
ORLANDO FL 32809

~~10718 SPRING BUCK TRAIL~~
ORLANDO FL 32825

743580



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

651 N. Goldenrod Rd.

651 N. Goldenrod Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

~~State~~ Unit 6

~~State~~ Unit 6

City & State

City & State

Orlando, FL

Orlando, FL

Zip 32807-6243 Country USA

Zip 32807-6243 Country USA

4. FEI Number 59-3548987

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

VESCOVI, TIMOTHY M
10718 SPRING BUCK TRAIL
ORLANDO FL 32825

Name Same

Street Address (P.O. Box Number is Not Acceptable)

651 N. Goldenrod Rd., ~~State~~

Unit 6

City Orlando, FL ~~32807~~ FL 32807-6243

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]

President

4/1/01

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. ☐

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME VESCOVI, TIMOTHY M
STREET ADDRESS ~~10718 SPRING BUCK TRAIL~~
CITY-ST-ZIP ~~ORLANDO FL 32825~~

TITLE President ☒ Change ☐ Addition
NAME Timothy M. Vescovi
STREET ADDRESS 651 N. Goldenrod Rd., ~~State~~
CITY-ST-ZIP Orlando, FL 32807-6243 Unit 6

TITLE D ☒ Delete
NAME VESCOVI, JANET S
STREET ADDRESS 10718 SPRING BUCK TRAIL
CITY-ST-ZIP ORLANDO FL 32825

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Secretary/Treasurer ☐ Change ☒ Addition
NAME Angela D. Dunn
STREET ADDRESS 651 N. Goldenrod Rd, Unit 6
CITY-ST-ZIP Orlando, FL 32807-6243

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/01

Date

407-446-0958

Daytime Phone #

CR2E034 (10/00)

0073205