

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 18, 2007 08:00 A
Secretary of State

DOCUMENT # P99000077351

1. Entity Name
UNIVERSAL MOTORS OF ORLANDO, INC.



Principal Place of Business
**1445 TAFT VINELAND RD
ORLANDO, FL 32837**

Mailing Address
**1445 TAFT VINELAND RD
ORLANDO, FL 32837**



05152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3596055

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FUCHS, LAWRENCE M
590 ROYAL PALM BEACH BLVD
ROYAL PALM BEACH, FL 33411**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

U00000765008
05/31/07-80021-022 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	RIVERA, WILLIAM R
STREET ADDRESS	1445 TAFT VINELAND RD
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	VPSD
NAME	RIVERA, EVEYLYN I
STREET ADDRESS	1445 TAFT VINELAND RD
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 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

5-15-07

Date

407-852-6000

Daytime Phone #