

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90123 037 ***150.00

DOCUMENT # P99000083352

1. Entity Name
A PERSONAL CAR, INC.

Principal Place of Business 9073 NW 55 COURT SUNRISE FL 33351	Mailing Address 9073 NW 55 COURT SUNRISE FL 33351-7728
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00000014



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7780 NW 78 Av Suite, Apt. #, etc. 113 City & State Tamarac Fl Zip 33321 Country Broward	3. Mailing Address 7780 NW 78 Av Suite, Apt. #, etc. 113 City & State Tamarac, Fl Zip 33321 Country Broward
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4. FEI Number 65-0948143	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
BROWN, LINDA
9073 NW 55 COURT
SUNRISE FL 33351

7. Name and Address of New Registered Agent
 Name
LINDA BROWN
 Street Address (P.O. Box Number is Not Acceptable)
7780 NW 78 Ave #113
 City
TAMARAC FL Zip Code
33321

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 *Linda Brown* **LINDA BROWN** DATE **2/7/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE LINDA BROWN Pres.	<input type="checkbox"/> Delete
NAME 7780 NW 78 Ave #113	
STREET ADDRESS TAMARAC, FL 33321	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 *Linda Brown* **Linda Brown, Pres.** DATE **2/7/00** DAYTIME PHONE # **954-718-7646**
Signature and typed or printed name of signing officer or director

CR2E034 (9/99)