2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 304148

Country

6. Name and Address of Current Registered Agent

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

MINI-CARS INCORPORATED

Principal Place of Business 9741 CASEY DR. NEW PORT RICHEY FL 34654-0507

2. Principal Place of Business

RODGERS, G.J.

9741 CASEY DR

NEW PORT RICHEY FL 34654

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

9741 CASEY DR.

NEW PORT RICHEY FL 34654-3508

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

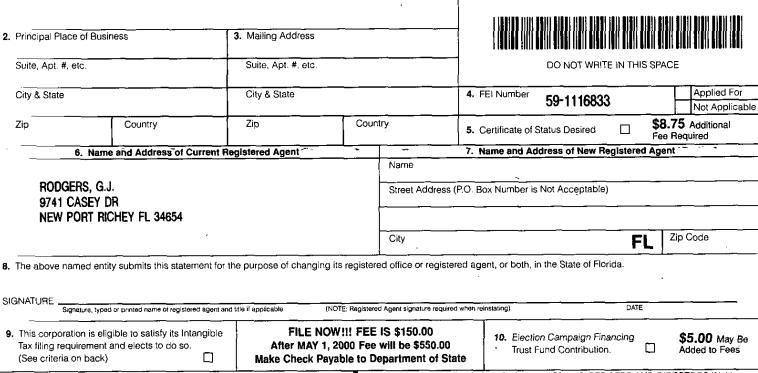
Name

City

FILED Apr 25, 2000 8:00 am Secretary of State

04-25-2000 90139 006 ***150.00

A0046295



(See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. **VPD** ☐ Delete TITLE NAME OEHLER J M NAME STREET ADDRESS STREET ADDRESS 7931 BRACKEN DR. CITY-ST-ZIP CITY-ST-ZIP PORT RICHEY FL ☐ Change ☐ Addition PTS ☐ Delete TIT1 F RODGERS,G J NAME NAME STREET ADDRESS STREET ADDRESS 9741 CASEY DR. CITY-ST-ZIP CITY-ST-ZIP N. PORT RICHEY FL ☐ Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREFT ADDRESS STREET ADDRESS CITY-ST-ZIP 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.