

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 408223

1. Entity Name

ELECTRIC CAR, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90377 010 ***150.00

Principal Place of Business

2361 SW S. 7TH AVE.
HOLLYWOOD FL 33023

Mailing Address

PO BOX 292830
DAVIE FL 33329

2. Principal Place of Business

2361 SW. 57 Ave

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Zip

Country
USA

Country

4. FEI Number

59-1425493

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NOLAND, DALE R
2361 SW S. 7TH AVE
HOLLYWOOD FL 33023

7. Name and Address of New Registered Agent

Name

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

City

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 re-registering)

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 \$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

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY - ST - ZIP
PDT
NOLAND, DALE R.
4500 SW 36TH ST
FT. LAUDERDALE FL

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY - ST - ZIP
S
NOLAND, N
704 WAYNE AVE
NEW SYRNA BCH FL 32168

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY - ST - ZIP
VP
NOLAND, KATHY
5268 SW 32 AV
HOLLYWOOD FL 33312

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY - ST - ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition

NAME
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)