

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90055 031 \*\*\*\*61.25

**DOCUMENT # 724466**

1. Entity Name

**CCAR SERVICES, INC.**

Principal Place of Business

**1107 MIDDLEBURG AVE.  
 GREEN COVE SPRINGS FL 32043**

Mailing Address

**1107 MIDDLEBURG AVE.  
 GREEN COVE SPRINGS FL 32043**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1478621**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**COBB, RICHARD W.  
 431 STOWE AVENUE  
 ORANGE PARK FL 32073**

Name

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

City

**FL**

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 reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DVP** ☐ Delete  
 NAME **D. GLEN OAKES**  
 STREET ADDRESS **7732 RIVER AVE.**  
 CITY-ST-ZIP **GREEN COVE SPRINGS FL**

TITLE **Director** ☐ Change ☐ Addition  
 NAME **Arthur Moore**  
 STREET ADDRESS **262 St. George Street**  
 CITY-ST-ZIP **St. Augustine, FL 32084**

TITLE **S** ☐ Delete  
 NAME **KELLY, EDWARD**  
 STREET ADDRESS **200 W. FORSYTH STREET**  
 CITY-ST-ZIP **JACKSONVILLE FL 32201**

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

TITLE **P** ☐ Delete  
 NAME **HAGEN, DR PAUL P**  
 STREET ADDRESS **100 HUFFMAN STREET**  
 CITY-ST-ZIP **PENNY FARMS, FL 00000**

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

TITLE **D** ☒ Delete  
 NAME **SMITH, WILBUR**  
 STREET ADDRESS **279 BONNLYN DR**  
 CITY-ST-ZIP **ORANGE PARK, FL 00000**

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

TITLE **D** ☐ Delete  
 NAME **ROWLEY, SUSAN**  
 STREET ADDRESS **1483 WILD IRIS LANE**  
 CITY-ST-ZIP **ORANGE PARK FL**

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

TITLE **D** ☐ Delete  
 NAME **KOPELOUSOS, JOHN**  
 STREET ADDRESS **1269 KINGSLEY AVENUE**  
 CITY-ST-ZIP **ORANGE PARK FL 32073**

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

12. 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 617, 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:

*Nancy C. Keating*  
 PRESIDENTIAL DIRECTOR  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**04/30/01**

**(904) 284-9859**

CR2E037 (10/00)