

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 724466

FILED  
Jan 14, 2002 8:00 AM  
Secretary of State

Entity Name: CCAR SERVICES, INC.

## Current Principal Place of Business:

1107 MIDDLEBURG AVE.  
GREEN COVE SPRINGS, FL 32043

## New Principal Place of Business:

3530 ENTERPRISE WAY  
GREEN COVE SPRINGS, FL 32043

## Current Mailing Address:

1107 MIDDLEBURG AVE.  
GREEN COVE SPRINGS, FL 32043

## New Mailing Address:

P.O. BOX 1248  
GREEN COVE SPRINGS, FL 32043

FEI Number: 59-1478621

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

KOPELOUSOS, JOHN  
1269 KINGSLEY AVENUE  
ORANGE PARK, FL 32073 US

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: JOHN KOPELOUSOS

01/14/2002

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: KOPELOUSOS, JOHN  
Address: 1269 KINGSLEY AVENUE  
City-St-Zip: ORANGE PARK, FL 32073

Title: D ( ) Delete  
Name: ROWLEY, SUSAN  
Address: 1483 WILD IRIS LANE  
City-St-Zip: ORANGE PARK, FL

Title: D ( ) Delete  
Name: MOORE, ARTHUR  
Address: 262 ST GEORGE STREET  
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: P ( ) Delete  
Name: HAGEN, DR PAUL P,  
Address: 100 HUFFMAN STREET  
City-St-Zip: PENNY FARMS, FL 00000,

Title: S ( ) Delete  
Name: KELLY, EDWARD,  
Address: 200 W. FORSYTH STREET  
City-St-Zip: JACKSONVILLE, FL 32201

Title: DVP ( ) Delete  
Name: D. GLEN OAKES,  
Address: 7732 RIVER AVE.  
City-St-Zip: GREEN COVE SPRINGS, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN KOPELOUSOS

D

01/14/2002

Electronic Signature of Signing Officer or Director

Date

TIM SIMPSON, DIRECTOR  
801 OAK STREET  
GREEN COVE SPRINGS, FL 32043

KATHY BODENWEBER, DIRECTOR  
293 CROOKEDRIDGE COURT  
OANGE PARK, FL 32073