

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 854985

1. Entity Name

CAR DEPOT, INC.

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90035 047 ***150.00

00018704



DO NOT WRITE IN THIS SPACE

Principal Place of Business 9585 SOUTHERN BLVD 7 ROYAL PALM BCH FL 33411 US	Mailing Address 9585 SOUTHERN BLVD 7 ROYAL PALM BEACH FL 33411 US
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2. Principal Place of Business 15240 Meadow Wood Dr. Suite, Apt. #, etc.	3. Mailing Address 13860-12 Wellington Trace Suite, Apt. #, etc. PMB #211
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City & State Wellington, FL	City & State Wellington, FL
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Zip 33414	Country USA	Zip 33414	Country USA
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4. FEI Number 38-2124879	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

PERRIN, WILLIAM D
15240 MEADOW WOOD DR.
WELLINGTON FL 33414

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ (NOTE: Registered Agent signature required when reinstating) 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 VT	<input type="checkbox"/> Delete
NAME PERRIN, LEE T.	
STREET ADDRESS 15240 MEADOW WOOD DR.	
CITY-ST-ZIP WELLINGTON FL	
TITLE PSD	<input type="checkbox"/> Delete
NAME PERRIN, WILLIAM D	
STREET ADDRESS 15240 MEADOW WOOD DR.	
CITY-ST-ZIP WELLINGTON FL	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Lee T. Perrin **Lee T. Perrin, Vice-President** 2/16/2001 561-793-4300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)