

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 25, 2003 8:00 am**  
**Secretary of State**

03-25-2003 90077 026 \*\*\*150.00

**DOCUMENT # F02000001234**

**1. Entity Name**  
**TOTAL CAR FRANCHISING CORPORATION**



**Principal Place of Business**

**642 CENTURY CIRCLE  
CONWAY SC 29526**

**Mailing Address**

**642 CENTURY CIRCLE  
CONWAY SC 29526**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number** **57-0940755**

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**

**NRAI SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.**

**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 \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	C	<input type="checkbox"/> Delete
NAME	LOWERY, ROBERT	
STREET ADDRESS	642 CENTURY CIRCLE	
CITY-ST-ZIP	CONWAY SC 29526	
TITLE	DP	<input checked="" type="checkbox"/> Delete
NAME	BARNES, GARY C	
STREET ADDRESS	642 CENTURY CIRCLE	
CITY-ST-ZIP	CONWAY SC 29526	
TITLE	ST	<input type="checkbox"/> Delete
NAME	AMBROSE, JUDY	
STREET ADDRESS	642 CENTURY CIRCLE	
CITY-ST-ZIP	CONWAY SC 29526	
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	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Evans	
STREET ADDRESS	642 Century Circle	
CITY-ST-ZIP	Conway, SC 29526	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Judy Ambrose	
STREET ADDRESS	642 Century Circle	
CITY-ST-ZIP	Conway, SC 29526	
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		

**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 607, 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-17-03**

Date

**843-347-8818**

Daytime Phone #

CR2E034 (10/02)