


2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Mar 27, 2008 08:00 AM
Secretary of State

DOCUMENT # F02000002348 1. Entity Name CARBIZ USA INC.	
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Principal Place of Business 7405 N. TAMIAMI TRAIL SARASOTA, FL 34243	Mailing Address 7405 N. TAMIAMI TRAIL SARASOTA, FL 34243
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01162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 98-2310408	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROBBINS, MICHAEL H
101 E. KENNEDY BLVD.
SUITE 2800
TAMPA, FL 33602**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**U00000872508
04/10/08-80042-017 150.00**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD RITTER, CARL 7206 MARLOW PLACE UNIVERSITY PARK, FL 34201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SPD LYE, ROSS RICHARD 8198 NATURE'S WAY #34 BRADENTON, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOD HEINTZ, STANTON CLARK 6727 63RD TERRACE E BRADENTON, FL 34203
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #