2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 08:00 AM
Secretary of State

DOCUMENT # **F18810**

1. Entity Name
CAR-COMM, INC.

Principal Place of Business	Mailing Address
10111B IRONWOOD RD. P.O.BOX 12602 (LAKE PARK, FL.33403) PALM BCH. GARDENS FL 33410	10111B IRONWOOD RD. P.O.BOX 12602 (LAKE PARK, FL.33403) PALM BCH. GARDENS FL 33410

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2314487** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WATERMAN, STEVEN C
10111B IRONWOOD RD.

PALM BCH. GARDENS FL
33410

7. Name and Address of New Registered Agent

Name
WATERMAN STEVEN C

Street Address (P.O. Box Number is Not Acceptable)
10111B IRONWOOD RD.

City: PALM BCH. GARDENS **FL** Zip Code: 33410

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 **STEVEN C. WATERMAN** **04/16/2001**
Signature, typed or printed name of registered agent and title if applicable. (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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD WATERMAN STEPHANIE J. 704 CINNAMON RD. PALM BEACH GARDENS FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD WATERMAN STEPHANIE J 704 CINNAMON RD. PALM BEACH GARDENS FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HOWARD WILLIAM 779 E MERRITT ISLAND CSWY., STE. 273 MERRITT ISLAND FL 32952	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HOWARD WILLIAM L 779 E MERRITT ISLAND CSWY., STE. 273 MERRITT ISLAND FL 32952	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WATERMAN STEVEN C. 704 CINNAMON RD. N. PALM BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WATERMAN STEVEN C 704 CINNAMON RD. N. PALM BEACH FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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: Stephanie J. Waterman STD 04/16/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #