

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 91014 046 \*\*\*150.00

DOCUMENT # F94000006044

1. Entity Name

Syril's S-Car-Go, Inc.

DO NOT WRITE IN THIS SPACE

10040070

2. Principal Place of Business

1232 Isabel Dr.

Suite, Apt. #, etc.

3. Mailing Address

1232 Isabel Dr.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

Sanibel, Fl

City &amp; State

Sanibel, Fl

4. FEI Number

22-1778099

Applied For

Not Applicable

Zip

33957

Country

USA

Zip

33957

Country

USA

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Rubin, Syril I

Street Address (P.O. Box Number is Not Acceptable)

1232 Isabel Dr.

City

Sanibel

FL

Zip Code

33957

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	PDC	TITLE	
NAME	Rubin, Syril I	NAME	
STREET ADDRESS	1232 Isabel Dr.	STREET ADDRESS	
CITY - ST - ZIP	Sanibel, Fl 33957	CITY - ST - ZIP	
TITLE	VDC	TITLE	
NAME	Rubin, Mark	NAME	
STREET ADDRESS	1232 Isabel Dr.	STREET ADDRESS	
CITY - ST - ZIP	Sanibel, Fl 33957	CITY - ST - ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE		TITLE	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Mark Rubin*

Mark Rubin

3/19/03

Date

941-472-1900

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR