

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90545 020 \*\*\*150.00

0068380 AB

**DOCUMENT # F99000003609**

**1. Entity Name**  
**CONSUMER AUTO REFINANCE SERVICES, INC.**



**Principal Place of Business**  
**1 MID RIVERS MALL DRIVE**  
**ST. PETERS MO 63376**

**Mailing Address**  
**1 MID RIVERS MALL DRIVE**  
**ST. PETERS MO 63376**

**2. Principal Place of Business**

**300 ST PETERS CENTRE BLVD**

**3. Mailing Address**

**300 ST. PETERS CENTRE BLVD**

Suite, Apt. #, etc.

**200**

Suite, Apt. #, etc.

**200**

City & State

**ST. PETERS MO**

City & State

**ST PETERS MO**

Zip

**63376**

Country

**USA**

Zip

**63376**

Country

**USA**

☒ CHECK HERE IF MAKING CHANGES

**4. FEI Number 43-1810958**

Applied For

Not Applicable

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

**6. Name and Address of Current Registered Agent**

**REGISTERED AGENTS LEGAL SERVICES, INC.**  
**1333 NORTH DUVAL STREET**  
**TALLAHASSEE FL 32302**

**7. Name and Address of New Registered Agent**

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** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	<b>PCEO</b>	<input type="checkbox"/> Delete
NAME	<b>ANELLO, GARY M</b>	
STREET ADDRESS	<b>556 RED BRIDGE CT.</b>	
CITY-ST-ZIP	<b>BALLWIN MO 63021</b>	
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		

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

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>300 ST. PETERS CENTRE BLVD SUITE 200</b>	
CITY-ST-ZIP	<b>ST PETERS MO 63376</b>	
TITLE	<b>DIRECTOR/SECRETARY</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JOSEPH D. GAREA</b>	
STREET ADDRESS	<b>9645 CLAYTON RD</b>	
CITY-ST-ZIP	<b>ST. LOUIS MO 63124</b>	
TITLE	<b>CEO/DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MATTHEW H BARRY</b>	
STREET ADDRESS	<b>300 ST PETERS CENTRE BLVD SUITE 200</b>	
CITY-ST-ZIP	<b>ST. PETERS MO 63376</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STEVEN M RULL</b>	
STREET ADDRESS	<b>9645 CLAYTON RD</b>	
CITY-ST-ZIP	<b>ST LOUIS MO 63124</b>	
TITLE	<b>DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>REINHARD RUBENSTEIN</b>	
STREET ADDRESS	<b>222 SOUTH CENTRAL</b>	
CITY-ST-ZIP	<b>CLAYTON MO 63105</b>	
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**

Date

Daytime Phone #

CR2E0341010/02