## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # J43438** Mar 22, 2000 8:00 am 1. Entity Name Secretary of State RAY CARTER AUTO SALES, INC. 03-22-2000 90188 013 \*\*\*150.00 Principal Place of Business Mailing Address 6373 BLANDING BOULEVARD 6373 BLANDING BOULEVARD JACKSONVILLE FL 32244-2815 JACKSONVILLE FL 32244 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FFI Number 59-2733155 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent. Name CARTER, RAYMOND L. Street Address (P.O. Box Number is Not Acceptable) 6373 BLANDING BOULEVARD JACKSONVILLE FL 32244 Zip Code City 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 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See critería on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition Delete TITLE TITLE CARTER, RAYMOND L. NAME NAME STREET ADDRESS 6373 BLANDING BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Addition Change TITLE TITLE ☐ Delete CARTER, RAYMOND L. JR. NAME NAME STREET ADDRESS STREET ADDRESS 6373 BLANDING BLVD CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Change Delete TITLE ☐ Addition TITLE ROONEY, THOMAS E. NAME STREET ADDRESS 6373 BLANDING BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Change Addition ☐ Delete TITLE TITLE CARTER, DOROTHY B. NAME NAME STREET ADDRESS STREET ADDRESS 6373 BLANDING BLVD CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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:

SIGNATURE AND TYPED OR PRINTED NAME DESIGNING OFFICER OF ORDERECTOR

<u>03 -60 90</u>

904-771-6078

Daytime Phone #