

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90097 005 ***150.00

DOCUMENT # **K84332**

1. Entity Name
EXOTIC CAR, INC.

Principal Place of Business

**18514-A US HWY. 19-N
CLEARWATER FL 34624**

Mailing Address

**18514-A US HWY. 19-N
CLEARWATER FL 34624**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

33764

33764

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RAY, JAMES J.
18514 A US HWY 19 N
CLEARWATER FL 34624**

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.

SIGNATURE: *Frances Beaudry*

APRIL 5, 2001

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's 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
**DPT
RAY, JAMES J.
18514-A US HWY 19N
CLEARWATER FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BEAUDRY, FRANCES
18514-A US HWY 19N
CLEARWATER FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
BEAUDRY, FRANCES
18514-A U.S. HWY 19N
CLEARWATER, FL. 33764** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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: *Frances Beaudry*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 5, 2001 **727-535-3000**
Date Daytime Phone #

CR2E034 (10/00)