

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90002 047 ***150.00

DOCUMENT # L29983

1. Entity Name
CARMOTION, INC.

Principal Place of Business

Mailing Address

% V. J. MANNO
 2740 BOTTOMRIDGE DRIVE
 ORANGE PARK FL 32065

% V. J. MANNO
 2740 BOTTOMRIDGE DRIVE
 ORANGE PARK FL 32065-5827



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

593 BLANDING BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

ORANGE PARK FL

4. FEI Number

59-2975820

Applied For

Not Applicable

Zip

Country

Zip

Country

32065

CLAY

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANNO, V.J.
2740 BOTTOMRIDGE DRIVE
ORANGE PARK FL 32065

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 _____

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, 2000 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	DP MANNO, V.J.	<input type="checkbox"/> Delete
STREET ADDRESS	2740 BOTTOMRIDGE DR.	
CITY-ST-ZIP	ORANGE PARK FL	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	S EKSTRAND, CAROL A.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2740 BOTTOM RIDGE DRIVE	
CITY-ST-ZIP	ORANGE PARK FL	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

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: **MANNO, V. J.**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/24/00**
 Daytime Phone #: **904-272-7142**