

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90046 003 ***550.00

DOCUMENT # L57708

1. Entity Name
CAR PRIDE, INC.

Principal Place of Business

**450 STAN DR MELBOURNE
 MELBOURNE FL 32904
 US**

Mailing Address

**1816 POINSETTA BLVD
 MELBOURNE FL 32901
 US**

2. Principal Place of Business

3. Mailing Address

1455 ATZ ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

MALABAR FL

4. FEI Number

59-2998689

Applied For

Not Applicable

Zip

Country

Zip

32950

Country

**USA
 AVEVARRA**

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

**NOTARNICOLA, MARIA R.
 1816 POINSETTA BLVD
 MELBOURNE FL 32901**

Name

NOTARNICOLA MARIA R

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

1455 ATZ ROAD

MALABAR

City

FL

Zip Code

32950

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 \$550.00
 After SEPTEMBER 13, 2000 Min. will be \$750.00
 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 **DP** ☐ Delete
 NAME **NOTARNICOLA, MARIA R.**
 STREET ADDRESS **1816 POINSETTA BLVD**
 CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ Change ☐ Addition
 NAME **NOTARNICOLA MARIA R**
 STREET ADDRESS **1455 ATZ RD**
 CITY-ST-ZIP **MALABAR FL 32950**

TITLE **DV** ☐ Delete
 NAME **NOTARNICOLA, PAUL**
 STREET ADDRESS **1816 POINSETTA BLVD**
 CITY-ST-ZIP **MELBOURNE FL**

TITLE ☐ Change ☐ Addition
 NAME **NOTARNICOLA PAUL**
 STREET ADDRESS **1455 ATZ RD**
 CITY-ST-ZIP **MALABAR FL 32950**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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:

SICILIA R. ACQUIRE PAUL
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(321)

9514083

CR2E034 (5/00)