2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002261 1. Entity Name CARS & RODS, INC. Principal Place of Business Mailing Address

FILED Mar 22, 2001 8:00 am § Secretary of State

03-22-2001 90026 013 ****61.25

CARS & RODS CLUBHOUSE FOE 2926 WILKINSON RD SARASOTA FL 34231 US		CARS & RODS. INC P O BOX. 48935 - 30093 SARASOTA FL 34278 US			\$ 166 011) 	14 18 151 88 11 9 14 8 18 11	B)	
2. Principal Place of Business		3. Mailing Address						DIA DIKAK KIBI KBAT	
SAME		Cars & Rods. Inc.							
Suite, Apt. #, etc.		Suite, Apt. #, etc. P.O. Box 50093				DO NOT WRITE IN	THIS SPACE		
City & State		City & State			4. FEI Number 65-0460116			Applied For Not Applicable	
Zip	Country	Zip 34232-0300	Country	untry rasota 5. Certificate of Status Desired □			\$8.75 Additional Fee Required		
6. Name and Address of Current					7. Name and Address of New Registered Agent				
		1,	Name	Name					
MEEKS, CHERRY		•	Street A	Street Address (P.O. Box Number is Not Acceptable)					
7861 LEEWYNN DRIVES									
SARASOTA FL 34240			City				FL Zip C	ode	
8. The above	named entity submits this statement for	the purpose of changing its re	egistered office o	or registered	agent, or bot	h. in the state of Florida.			
	,	and herbear at attending to the	9		-g, 0	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1	
SIGNATURE.	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: F	Registered Agent signa	iture required who	en reinstating)		DATE		
		T ,							
FILE NOW: FEE IS \$61.25		Election Campaign Financing Trust Fund Contribution.				eck Payable ment of State	ck Payable to ent of State		
10.	OFFICERS AND DIRE	ECTORS	11.	ADI	DITIONS/CHA	L ANGES TO OFFICERS A	ND DIRECTORS	IN 10	
TITLE	PD	□XI Delete	TITLE	PD			X Chang		
NAME	MILLARD, JOHN		NAME	1	eri I	Trank	•	_ [
STREET ADDRESS	P.O. BOX 41		STREET ADDRESS	Ferrari, Frank 1387 Leeward Rd.			Į.		
CITY-ST-ZIP	LONGBOAT KEY FL 34228		CITY-ST-ZIP	Venice, Fl. 34293					
TITLE	TD	Delete	TITLE	ŤĎ		— J 4 ~ / J	Ĭ Chang	e 🔲 Addition 🖟	
NAME .	HENRY, KATHY		NAMĘ		Aiena, Rose			-	
STREET ADDRESS	2304 GOYA DR		STREET ADDRESS		6702 Oak Hammock Dr.				
CITY-ST-ZIP	NOKOMIS FL 34273		CITY-ST-ZIP			, F1. 34202			
TITLE	VPD	🖾 Delete	TITLE	VPD			X Chang	e 🔲 Addition	
NAME	SCHMACHTSNBERGER, CARL		NAME		Walker, Sham 2201 Shadow Oaks Rd.			-	
STREET ADDRESS CITY-ST-ZIP	72 STANFOED RD VENICE FL 34293		STREET ADDRESS CITY-ST-ZIP						
	SD SD			<u>para</u>	isota,	Fl. 34240	Ď Chang	e	
TITLE NAME	MEEKS, CHERRY	L23 Delete	TITLÉ NAME				EA CHAIG	e	
STREET ADDRESS	7861 LEEWYNN DRIVES		STREET ADDRESS						
CITY-ST-ZIP	SARASOTA FL 34240		CITY-ST-ZIP	-				f	
TITLE		Delete	TITLE				☐ Chang	e 🔲 Addition	
NAME			NAME						
STREET ADDRESS		!	STREET ADDRESS	1				ļ	
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE				☐ Chang	e 🔲 Addition	
NAME			NAME]				J	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP	<u> </u>	<u> </u>				

12. Thereby certify that the information supplied with this tiling 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 the 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 617, 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:

*371-2*353