

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90059 032 ****61.25

DOCUMENT # N93000002261

1. Entity Name

CARS & RODS, INC.

Principal Place of Business

**CARS & RODS CLUBHOUSE
 FOE 2926 WILKINSON RD
 SARASOTA FL 34231
 US**

Mailing Address

**CARS & RODS, INC
 P O BOX 50093
 SARASOTA FL 34232-0300
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0460116

Applied For

Not Applicable

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

**MEEKS, CHERRY
 7861 LEEWYNN DRIVES
 SARASOTA FL 34240**

Name **ROSE Aiena**

Street Address (P.O. Box Number is Not Acceptable)
6702 OAK HAMMOCK DR

City **BRADENTON**

FL

Zip Code
34202

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

Rose Aiena

2/10/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Delete
 NAME **FERRARI, FRANK**
 STREET ADDRESS **1387 LEEWARD RD.**
 CITY-ST-ZIP **VENICE FL 34293**

TITLE **PD** ☒ Change ☐ Addition
 NAME **EDWARD BACKHUS**
 STREET ADDRESS **5309 WINEWOOD DR.**
 CITY-ST-ZIP **SARASOTA, FL. 34232**

TITLE **TD** ☐ Delete
 NAME **Aiena, ROSE**
 STREET ADDRESS **6702 OAK HAMMOCK DR.**
 CITY-ST-ZIP **BRADENTON FL 34202**

TITLE **TD** ☐ Change ☐ Addition
 NAME **Aiena, ROSE**
 STREET ADDRESS **6702 OAK HAMMOCK DR.**
 CITY-ST-ZIP **BRADENTON, FL. 34202**

TITLE **VPD** ☒ Delete
 NAME **WALKER, SAM**
 STREET ADDRESS **2201 SHADOW OAKS RD.**
 CITY-ST-ZIP **SARASOTA FL 34240**

TITLE **VPD** ☒ Change ☐ Addition
 NAME **SCHWACHTSNBERGER, CARL**
 STREET ADDRESS **13405 CHANCELLOR BLVD.**
 CITY-ST-ZIP **BRITCHARLOTTE, FL. 33953**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

12. 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 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:

SIGNATURE *Edward Backhus*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/10/02 378-2382

CR2E037 (9/01)