

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000071500

1. Entity Name

CRUISE-IN CARTS OF AMERICA, INC.

Principal Place of Business

14780 NE HWY 315
FT MCCOY FL 32134

Mailing Address

P O BOX 1257
FT MCCOY FL 32134

2. Principal Place of Business

4201 OLD 441

3. Mailing Address

PO BOX 117

Suite, Apt. #, etc.

Bld C

Suite, Apt. #, etc.

City & State

MT. DORA, FLA

City & State

TAMARAC, FLA

Zip

32757

Country

Zip

32778-0117

Country

4. FEI Number

59-3660932

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

RAY, JAMES

1620 S CRYSTAL LAKE DR #78
ORLANDO FL 32806

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, 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 *President* ☒ Delete
NAME *RON WOODS*
STREET ADDRESS *P.O. Box 1257*
CITY-ST-ZIP *FT. MCCOY, FLA 32134*

TITLE *PRESIDENT* ☒ Change ☐ Addition
NAME *SHEAN STEWART*
STREET ADDRESS *520 DORA AVE*
CITY-ST-ZIP *TAMARAC FLA. 32778*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *Sec-Treas* ☐ Change ☒ Addition
NAME *James Ray*
STREET ADDRESS *1620 S. Crystal Lake Dr #78*
CITY-ST-ZIP *Orlando, FLA 32806*

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
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STREET ADDRESS
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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: ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90213 029 ***158.75