

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2003 8:00 am
Secretary of State
08-27-2003 90081 048 ***150.00

0166673 FP

DOCUMENT # P01000096540

1. Entity Name

FOR CARS, INC.



Principal Place of Business

11203 D3 49TH ST N

D-3

CLEARWATER FL 33762

Mailing Address

11203 D3 49TH ST N

D-3

CLEARWATER FL 33762

2. Principal Place of Business

11203 D-3 49TH ST. N

3. Mailing Address

Suite, Apt. #, etc.

D-3

City & State

CLEARWATER

Zip

33762

Country

PINELLAS

City & State

CLEARWATER

Zip

33762

Country

PINELLAS

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3750363

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FUCHS, LAWRENCE M ESQ

590 ROYAL PALM BEACH BLVD.

ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPST
LOWE, GARY
2624 N. PAULA DR.
DENEDIN FL 34698**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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☐ Change ☐ Addition

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-19-03

727 455 1702

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

80141453

~~#P01000094040~~

DEAR SIR

THIS IS THE FIRST NOTICE I
RECEIVED AND WOULD LIKE TO
REQUEST THAT THE LATE FEE BE
WAIVED.

WHAT DO I DO TO BE SURE I GET
THE FIRST NOTICE NEXT YEAR?

SINCERELY

Gary Low