2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT #

P01000111654

1. Entity Name

ELITE CARS, INC.



Secretary of State 03-03-2003 90958 014 ***150.00

FILED

Mar 03, 2003 8:00 am

Principal Place of Business 13727 BLUEWATER CIR. ORLANDO FL 32828

Mailing Address 13727 BLUEWATER CIR ORLANDO FL 32828

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ewater Cir ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For 52-2356663 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHEBOTAR, NATALYA Street Address (P.O. Box Number is Not Acceptable) 13727 BLUEWATER CIR. ORLANDO FL 32828 City Zip Code 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 \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition CHEBOTAR, VYACHESLAV NAME STREET ADDRESS 13727 BLUEWATER CIR STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32828 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CHEBOTAR, NATALIE NAME STREET ADDRESS 13727 BLUEWATER CIR STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32828 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 true employee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes are considered by Chapter 607, Florida Statutes and that my name appears in Block 10 or Block 11 if

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP