

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000003749

Entity Name: AMERICAR, INC.

FILED
Jul 06, 2009
Secretary of State

Current Principal Place of Business:

17416 US HIGHWAY 41 N
LUTZ, FL 33549

New Principal Place of Business:

1514 E FLETCHER AVE.
TAMPA, FL 33612 US

Current Mailing Address:

17416 US HIGHWAY 41 N
LUTZ, FL 33549

New Mailing Address:

1514 E FLETCHER AVE.
TAMPA, FL 33612 US

FEI Number: 01-0570503

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SELVI, CEMAL
14304 N 46TH STREET #39
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

SELVI, JOHN
1514 E FLETCHER AVE.
TAMPA, FL 33612 US

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: JOHN SELVI

07/06/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: SELVI, CEMAL
Address: 14304 N 46TH ST. #39
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SELVI, JOHN
Address: 1514 E FLETCHER AVE.
City-St-Zip: TAMPA, FL 33612

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN SELVI

P

07/06/2009

Electronic Signature of Signing Officer or Director

Date