

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90997 010 ***150.00

DOCUMENT # P02000119868

1. Entity Name
DIGITALCARS CORP



Principal Place of Business

296 W. SABAL PALM PLACE
LONGWOOD FL 32779

Mailing Address

296 W. SABAL PALM PLACE
LONGWOOD FL 32779

2. Principal Place of Business

505 WEKIVA SPRING RD

Suite, Apt. #, etc.
Sub 505

City & State
LONGWOOD, FLORIDA

Zip
32779

Country
SEMINOLE

3. Mailing Address

505 WEKIVA SPRING RD

Suite, Apt. #, etc.
Sub 505

City & State
LONGWOOD, FL

Zip
32779

Country
SEMINOLE



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

32-0073281

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~HALPERIN, ROSANNE M~~ **JA. JURGENS**
296 W. SABAL PALM PLACE
LONGWOOD FL 32779
505 WEKIVA Spring Rd
Sub 500
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name **JA JURGENS, ATTORNEY AT LAW**
Street Address (P.O. Box Number is Not Acceptable)
505 WEKIVA Spring Rd
Sub 500
City **LONGWOOD** FL Zip Code **32779**

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

4/28/03

FILE NOW!!! FEE IS \$150.00
After May 1/2003 Fee will be \$550.00
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	MRAC HALPERIN PR65 505 Wekiva Spring Rd Longwood FL 32779	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

(407) 869-8485

Daytime Phone #

CR2E034 (10/02)