FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90089 007 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P17500

1. Entity Name

DAR-CARS, LTD. INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
1672 CASSAT AVE	P.O. BOX 9126	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State: JACKSONVILLE FL	City & State: Silver Spring MD	4. FEI Number: 52-1245481 ☐ Applied For ☐ Not Applicable
Zip: 32210 Country: US	Zip: 20916 Country: US	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when applicable)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing Trust Fund Contribution. ☐ $6.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT - DIRECTOR
NAME	DARVISH, JOHN R.
STREET ADDRESS	9020 LANHAM SEVERN RD
CITY-ST-ZIP	LANHAM MD 20706
TITLE	VICE PRESIDENT - DIRECTOR
NAME	GEORGE D. NEAL
STREET ADDRESS	9020 LANHAM SEVERN RD
CITY-ST-ZIP	LANHAM, MD 20706
TITLE	SECRETARY TREASURER - DIRECTOR
NAME	EARL C. HUDSON
STREET ADDRESS	1672 CASSAT AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	ASST. SECRETARY
NAME	STEPHEN C. HOLMES
STREET ADDRESS	6411 IVY LANE
CITY-ST-ZIP	GREENBELT, MD 20707
TITLE	DIRECTOR
NAME	JUDITH L. DARVISH
STREET ADDRESS	12210 CHERRY HILL RD
CITY-ST-ZIP	SILVER SPRING MD 20904
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2EC034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ VP 4/23/02 301-459-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #