

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 91322 003 \*\*\*150.00

**DOCUMENT # P92000014354**

1. Entity Name

**UNDER-CAR AMERICA, INC.**

Principal Place of Business

Mailing Address

20 LAKE WIRE DR  
202  
LAKELAND FL 33815  
US

P O BOX 24268  
LAKELAND FL 33802-268  
US

**722348**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3155977**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAMERON, HAROLD R**  
**20 LAKE WIRE DR**  
**LAKELAND FL 33815**

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME              | STREET ADDRESS           | CITY - ST - ZIP   | <input type="checkbox"/> Delete |
|-------|-------------------|--------------------------|-------------------|---------------------------------|
| PD    | CAMERON, HAROLD R | 1217 TIMBERIDGE LOOP S   | LAKELAND FL       | <input type="checkbox"/>        |
| VD    | PALMER, RICHARD J | 1207 HAMMOCK SHADE DRIVE | LAKELAND FL 33809 | <input type="checkbox"/>        |
| D     | MANLEY, VIVIAN H  | 3908 SABLE PALM COURT    | BRANDON FL 33511  | <input type="checkbox"/>        |
| STD   | CHIOZZA, FRANK E  | 4615 APPLE RIDGE LANE    | TAMPA FL          | <input type="checkbox"/>        |
|       |                   |                          |                   | <input type="checkbox"/>        |
|       |                   |                          |                   | <input type="checkbox"/>        |

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *R. J. Palmer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/01  
Date

868-687-0402  
Daytime Phone #

CR2E034 (10/00)