

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000030641

1. Entity Name

CARTSMART, INC.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90047 034 ***150.00

Principal Place of Business
6628 US HWY-19
NEW PORT RICHEY FL 34652
US

Mailing Address
6628 US HWY 19
NEW PORT RICHEY FL 34275-4138
US

2. Principal Place of Business
393 HANCHEY DR

3. Mailing Address
393 HANCHEY DR

Suite, Apt. #, etc.

City & State
NOKOMIS, FL

City & State
NOKOMIS FL

Zip
34275

Country
US

4. FEI Number 59-3224738

Applied For
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
GRAY, ROBERT C
3623 WOODRIDGE PLACE
PALM HARBOR FL 34684

7. Name and Address of New Registered Agent:
Name ROBERT C GRAY
Street Address (P.O. Box Number is Not Acceptable) 393 HANCHEY DR
City NOKOMIS FL Zip Code 34275

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 signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	D	<input type="checkbox"/> Delete	TITLE	ROBERT C GRAY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, ROBERT C		NAME	393 HANCHEY DR	
STREET ADDRESS	3623 WOODRIDGE PL		STREET ADDRESS	NOKOMIS FL 34275	
CITY-ST-ZIP	PALM HARBOR FL 34684		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10-2000 941 480 1862