FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # P9400007116				05-13-2002 90147 001 ***150.00	
COLORCARS EXPERIEN	ICED AUTOMO	BILES	, INC.		
DO NOT WRIT	E IN THIS S	PACE			
2. Principal Place of Business	3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. ∉, etc.			TRL	DO NOT WRITE IN THIS SPACE	
City & State NOKOMIS, FL	City & State NOKOM/S	City & State NOKOMIS_FL		FEI Number 65-0474956	Applied For Not Applicable
Zip Country 34275 US	Zip 34275	Country	5.	Certificate of Status Desired	\$8.75 Additional
		_	7. N	lame and Address of Current Registered	Fee Required Agent
Name			ame	NT. FARLY III	
IN THIS S		Str	reet Address (P.O. 23//	Box Number is Not Acceptable) N. TAMIAMI TRL.	
8 Thomas		Cit	NOKUL		Zip Code 34275
8. The above named entity submits this statement	for the purpose of changing it	s registered off	fice or registered a	gent, or both, in the State of Florida.	
SIGNATURE Signature, typed or printed name of registered ages	of and title if applicable. (NO	L: Registered Acres	t signature required when	(Pintelling)	
9. This corporation is eligible to satisfy its Intangib		Jay 1 Fcc to		reinsbeting) DAIL	
See criteria on back) Chick Check Poyce		r 1, Feo fo SES ad UBR to 261	50.00 1.25	Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11. OFFICERS AND TIME $P/T/5/D$	DIRECTORS				
NAME JOHN T. ETARLY,	711	TITLE			, in the second
STREET ADDRESS 2311 N. TAMIAM CITY-ST-ZIP NOKOMIS, FL 3		STREET ADD			and a produced
TITLE	/ 0	me			<u> </u>
NAME STREET ADDRESS		NAME STREET ADDR	year.		į
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TITLE		CITY-ST: ZIP			
NAME		NAME			
STREET ADDRESS CITY-ST-ZIP		STREET ADORE	SS		
	this filing does not qualify for	CITY-ST: ZIP:	stated in Section 1	110 07/3\()) Sherida Casa a	
13. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee emp attachment with an address with all other like en	strue and accurate and that in powered to execute this report powered.	ny signature shi t as required b	all have the same I by Chapter 607, Flo	risor(a)(), riorida Statutes. I further certify egal effect as if made under oath; that I am rida Statutes; and that my name appears i	y that the information an officer or director in Block 11 or on an
SIGNATURE: ACCOUNT AND TYPED OR P	PRINTED NAME OF SIGNING OFFICER		ENRLY	11.201.2	
				Desc Dest	ime Phone #