

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000035784

1. Entity Name

CARRIAGE AUTO CONSULTANTS, INC.

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90093 036 \*\*\*150.00

Principal Place of Business 75 NORTHEAST 6TH AVENUE SUITE 209 DELRAY BEACH FL 33483 US	Mailing Address 75 NORTHEAST 6TH AVENUE SUITE 209 DELRAY BEACH FL 33483-5453 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number	65-0489710	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**

COFOID, THOMAS  
 348 KNOB HILL BLVD  
 BOCA RATON FL 33431

**7. Name and Address of New 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 reinstating)

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, 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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P</b> COFOID, THOMAS 75 NE 6TH AVE STE 209 DELRAY BEACH FL <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

12. 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
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

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: THOMAS COFOID **THOMAS COFOID** 4/27/00 361 2765600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)