

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000055323

1. Entity Name
CAR COUNTRY, INC.

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90062 033 ***150.00

Principal Place of Business

Mailing Address

4352 EL JOBEAN ROAD
SUITE A
PORT CHARLOTTE FL 33953
US

P O BOX 27115
STE #A
EL JOBEAN FL 33927-7115
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0511773

Applied For
Not Applicable

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

ALMAN, JOHN E
14578 RIVERBEACH DR #215
PORT CHARLOTTE FL 33953

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 _____ (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. (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	JACKMAN, RALPH	3300 PENNYROYAL ROAD	PORT CHARLOTTE FL 33953	<input checked="" type="checkbox"/> Delete			
VP	ALMAN, JOHN E	14578 RIVERBEACH DR #310	PORT CHARLOTTE FL 33953	<input type="checkbox"/> Delete	PRESIDENT	JOHN E. ALMAN	14578 RIVERBEACH DR #215 PORT CHARLOTTE, FL 33953
T	STANISLAV, JIROUT	14578 RIVERBEACH DR #310	PORT CHARLOTTE FL 33953	<input type="checkbox"/> Delete	V.P.	STANISLAV JIROUT	14578 RIVERBEACH DR #310 PORT CHARLOTTE, FL 33953
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			
				<input type="checkbox"/> Delete			

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

4-20-00 941-627-0111
Date Daytime Phone #