

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000055323

1. Entity Name

CAR COUNTRY, INC.

Principal Place of Business

4352 EL JOBEAN ROAD
SUITE A
PORT CHARLOTTE FL 33953
US

Mailing Address

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

2. Principal Place of Business

1223 ENTERPRISE CIR.

3. Mailing Address

Suite, Apt. #, etc.

E

City & State

PORT CHARLOTTE

Zip

33953

Country

CHARLOTTE

Zip

Country

6. Name and Address of Current Registered Agent

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

4. FEI Number 65-0511773

Applied For

Not Applicable

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-15-01

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

| | | |
|----------------|-----------------------------|--|
| TITLE | VP | <input checked="" type="checkbox"/> Delete |
| NAME | JIRDUT, STANISLAV | |
| STREET ADDRESS | 14578 RIVERBEACH DR #310 | |
| CITY-ST-ZIP | PORT CHARLOTTE FL 33953 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | STANISLAV, JIROUT | |
| STREET ADDRESS | 14578 RIVERBEACH DR #310 | |
| CITY-ST-ZIP | PORT CHARLOTTE FL 33953 | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | ALMAN, JOHN E | |
| STREET ADDRESS | 14578 RIVERBEACH DRIVE #215 | |
| CITY-ST-ZIP | PORT CHARLOTTE FL 33953 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------------|--|
| TITLE | RALPH E. JACKMAN VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 13968 LONG LAKE LANE | |
| STREET ADDRESS | PORT CHARLOTTE FL 33953 | |
| CITY-ST-ZIP | | |
| TITLE | RALPH E. JACKMAN T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 13968 LONG LAKE LANE | |
| STREET ADDRESS | PORT CHARLOTTE FL 33953 | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| 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 #

1-15-01

627-0111



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)