**FILED** 

## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Sep 12, 2001 8:00 am Secretary of State P94000081341 DOCUMENT # 1. Entity Name 09-12-2001 90024 025 \*\*\*550.00 CAR HAULERS, INC. Principal Place of Business Mailing Address 10328 US HWY 301 S. 10328 US HWY 301S LOT 2 LOT 2 HAMTPON FL 32044 HAMPTON FL 32044 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For ·59-3282125°° Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JEWELL, JERRY K Street Address (P.O. Box Number is Not Acceptable) 10328 US HWY 301 S. LOT.2 HAMPTON FL 32044 City Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (5/01) ☐ Addition TITLE ☐ Delete TITLE Jewell, Jerry K NAME NAME STREET ADDRESS 10328 US HWY 301 S.,LOT 2 STREET ADDRESS HAMPTON FL CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME JEWELL, DEBROAH A NAME STREET ADDRESS 10328 US HWY 310 S., LOT-2-STREET ADDRESS HAMTPON FL CITY-ST-ZIP CITY-ST-ZIP D ☐ Delete TITLE ☐ Change ☐ Addition TITLE JEWELL, DEBORAH A NAME NAME 10328 US HWY 301 S., LOT 2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HAMTPON FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TIT! F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete 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

SIGNATURE: