**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # P95000090825  1. Entity Name CAR AMERICA FINANCIAL, INC.  |   |  |  |                          |  | Feb 21, 2002 8:00 am<br>Secretary of State<br>02-21-2002 90106 011 ***158.75                                |                       |                    |                 |             |               |
|--|---|--|--|--------------------------|--|---|-----------------------|--------------------|-----------------|-------------|---------------|
| Principal Place<br>2393 BELLEV<br>DAYTONA BE<br>US   | Mailing Address 524 WEXDON COURT LAKE MARY FL 32746 US  |  |  |                          |  |   |                       |                    |                 |             |               |
| 2. Principal F   | Place of Business   | 3. Mailing Address   |  |                          |  |   |                       |                    |                 |             |               |
| Suite, Apt.  | #, etc.   | Suite, Apt. #, etc.  |  |                          |  | DO NOT WRITE IN THIS SPACE  |                       |                    |                 |             |               |
| City & State   |   | City & State   |  |                          | <b>4.</b> F                                    | 4. FEI Number 59-3364361 Applied For Not Applicable   |                       |                    |                 |             | }             |
| Zip Country  |   | Zip  | Country                                |                          | 5. (   | Certificate o   | f Status Desired      | ×                  | \$8.75 Add      | ditional    | 1             |
|  | 6. Name and Address of Current R  | egistered Agent  |  |                          | 7. N   | lame and A  | ddress of New         | Registered /       | Agent           |             | 1             |
| JAL'ALI, ROBERT<br>524 WEXDON COURT  |   |  |  | lame<br>—-<br>street Add | et Address (P.O. Box Number is Not Acceptable) |   |                       |                    |                 |             |               |
| LAKE MA  | RY FL 32746   |  |  | City                     | FL Zip Code                                    |   |                       |                    |                 |             |               |
| 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, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta |  |                          | 0.00<br>of State                               | 10. Election Campaign Financing Trust Fund Contribution.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                       |                    |                 |             |               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | PT JALALI, ROBERT S 524 WEXDON COURT LAKE MARY FL 32746   | □ Delete   | TITLE NAME STREET AG CITY-ST-          |                          | ADI  | DITIONS/C   | HANGES TO OF          | FICERS AND         | ☐ Change        | Addition    | R2E034 (9/01) |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VS<br>SAKHEE, SONNY<br>9224 WOODBREEZE BLVD<br>WINDERMERE FL 34786  | ☐ Delete   | TITLE<br>NAME<br>STREET AI<br>CITY-ST- |                          | VS<br>FARZANE<br>524 W<br>LAKE                 | H GAN<br>EXDON<br>MARY  | TAVI<br>COURT<br>, FL | 32746              | <b>⊠</b> Change | ☐ Addition  | 8             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ☐ Delete  |  | TITLE NAME STREET AG CITY-ST-          |                          | - •  |   | <del>-</del>          | er <del>w</del> er | ☐ Change        | Addition    |               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ☐ Delete   | TITLE NAME STREET AG CITY-ST-          |                          |  |   |                       |                    | ☐ Change        | ☐ Addition  |               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ☐ Delete  |  |  |                          |  |   |                       |                    | ☐ Change        | Addition    |               |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   | ☐ Delete   | TITLE<br>NAME<br>STREET AE<br>CITY-ST- |                          |  |   | í                     |                    | ☐ Change        | ☐ Addition  |               |
| indicated<br>of the cor  | certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empowers or on an attachment with an addeess, with an addeess. | rue and accurate and that my<br>rered to execute this report a   | signature                              | shall hav                | e the same le                                  | egal effect a   | as if made under      | roath; that I a    | ım an officer   | or director |               |

SIGNATURE:

2-7-02 Date

407 - 948 - 8666 Daytime Phone #