

2001. UNIFORM BUSINESS REPORT (UBR)

05-22-2001 90762 001 ***300.00

DOCUMENT # **96000023532**

1. Entity Name

The Car Factory INC.

FLD
3/22/01

SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 JUN 12 PM 2:58

Principal Place of Business

Mailing Address

1635 S. Timucuan way unit 123
Longwood FL 32756

591 N. bridge Dr
Altamonte Springs 32756

2. Principal Place of Business

1635 S. Timucuan way

3. Mailing Address

591 Northbridge Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Altamonte Springs

4. FEI Number

58-12-1810 47-23-2

Applied For

Not Applicable

Zip

Country

Zip

32714

Country

Seminole

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

Pierrot Careau
3273 Hunter's Chase Loop
Kissimmee FL 34743

Name **Pierrot**

Street Address (P.O. Box Number is Not Acceptable)

3273 Hunter's Chase Loop

City

Kissimmee

FL

Zip Code

34743

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	<input type="checkbox"/> Delete
NAME	Richard Careau	
STREET ADDRESS	591 Northbridge Dr.	
CITY-ST-ZIP	Altamonte Springs FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 #

CR2034 (11/00)

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