

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State
 04-09-2002 90072 030 ***150.00

0690265 AT

DOCUMENT # P97000101115

1. Entity Name

CARS PLUS UNLIMITED INC.

Principal Place of Business

**12551 N. HWY 19
 CHIEFLAND FL 32626**

Mailing Address

**P.O. BOX 411
 CHIEFLAND FL 32644**

2. Principal Place of Business

3. Mailing Address

12551-A Hwy 19 N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CHIEFLAND FL

4. FEI Number

59-3481411

Applied For

Not Applicable

Zip

Country

Zip

Country

32626

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

**SCOTT, DAVID M
 12551 N. HWY 19
 CHIEFLAND FL 32626**

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

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 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 **PDT** ☐ Delete
 NAME **SCOTT, DAVID M**
 STREET ADDRESS **11990 NW 70TH AVE.**
 CITY-ST-ZIP **CHIEFLAND FL 32626**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VCSM** ☐ Delete
 NAME **SCOTT, LINDA J**
 STREET ADDRESS **11990 NW 70TH AVE.**
 CITY-ST-ZIP **CHIEFLAND FL 32326**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

SCOTT, DAVID M

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/02 352 490-9992

Date Daytime Phone #

CR2E034 (9/01)