

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2002 8:00 am**  
**Secretary of State**

03-18-2002 90023 015 \*\*\*150.00

DOCUMENT # P98000076983

1. Entity Name

CARMART OF DELAND, INC.

CARM636 327242007 1601  
 NOTIFY SENDER OF NEW ADDI  
 CAR MART OF DELAND INC  
 PMB 307  
 425 S CHICKASAW TRL  
 ORLANDO FL 32825-7833

Principal Place of Business

1636 E NEW YORK AVE  
 DELAND FL 32724

2. Principal Place of Business

2567 FORSYTH ROAD

Suite, Apt. #, etc.

A &amp; L

3. Mailing Address

425 S. CHICKASAW TRAIL

Suite, Apt. #, etc.

PMB # 307

City &amp; State

ORLANDO, FLORIDA

City &amp; State

ORLANDO, FLORIDA

Zip

32807

Country

USA

Zip

32825

Country

USA

4. FEI Number

59-3530508

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

STURNO, JOHN G  
 4340 TIDEWATER DR  
 ORLANDO FL 32812

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

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	STURN, JOHN G	
STREET ADDRESS	4340 TIDEWATER DR	
CITY-ST-ZIP	ORLANDO FL 32812	
TITLE	STD	<input type="checkbox"/> Delete
NAME	STURNO, WILLIAM P	
STREET ADDRESS	946 GRAN PASEO	
CITY-ST-ZIP	ORLANDO FL 32825	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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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:

*John G. Sturno*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/28/02 407-855-3366

CR2E034 (9/01)