2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 20, 2000 8:00 am Secretary of State DOCUMENT # P98000079314 1. Entity Name CARS FOR U. INC. 01-20-2000 90107 022 ***150.00 Principal Place of Business Mailing Address 1429 SOUTH WOODLAND BLVD. 1429 SOUTH WOODLAND BLVD. **DELAND FL 32720-7735** DELAND FL 32720 605079 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3533953 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required --7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Wercado ROSKOFF, GLORIA Z Street Address (P.O. Box Number is Not Acceptable) 2574 PROVIDENCE BLVD **DELTONA FL 32725** Zip Code <u> 3272</u>0 8. The above named entity submits this statement for the purpose of changing its registers e or registered agent, or both, in the State of Florida. SIGNATURE X Orlando Wereado FILE NOW!!! FEE IS \$150.00 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 MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. President X Delete TITLE Addition TITLE Mercado, Herminio MERCADO, HERMIALO NAME NAME STREET ADDRESS bulg bar/booci. 8 PRHI STREET ADDRESS 1429 S WOODLAND BLVD CITY-ST-ZIP CITY-ST-ZIE Deres 17 Bapas DELAND FL 32720 Change Delete Vice-President ☐ Addition TITLE TITLE Mercado, Orlando 1429 S. Woodland Blud MERCADO, ORLANDE NAME NAME STREET ADDRESS STREET ADDRESS 1429 S WOODLAND BLVD CITY-ST-7IP CITY-ST-ZIP DELAND.FL 33720 Deland, 7L 33720 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(901)740-733