Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SI

FILED May 09, 2002 8:00 am Secretary of State P98000079314 DOCUMENT # 1. Entity Name 05-09-2002 90062 031 ***150.00 CARS FOR U, INC. Principal Place of Business Mailing Address 1429 SOUTH WOODLAND BLVD. 1429 SOUTH WOODLAND BLVD. DELAND FL 32720 DELAND FL 32720 2. Principal Place of Business 3. Mailing Address 00 W. Ferr Brive 00 W, Suite Apt. #, etc. Suite Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3533953 Prange CI Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 32763 <u> 32763</u> Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MERCADO, ORLANDO Street Address (P.O. Box Number is Not Acceptable) 1429 S WOODLAND BLVD DELAND FL 32720 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE (9/01)■ Delete President, CEO, M Change Addition NAME MERCADO, HERMINIO NAME Mercado Orlando STREET ADORESS 1429 S WOODLAND BLVD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DELAND FL 32720 Orange Cit 4P- P ☐ Delete TITLE Change Addition NAME MERCADO, ORLANDO NAME STREET ADDRESS STREET ADDRESS 1429 S WOODLAND BLVD CITY-ST-ZIP CITY-ST-ZIP DELAND FL 33720 TITLE □ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP 13. Thereby 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.