


03
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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|---|---|
| DOCUMENT # P98000079314 |  |
| 1. Entity Name Cars For U, Inc. | |

FILED
 03 APR -8 AM 10:36
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business 114 Highway 17-92 | 3. Mailing Address 114 Highway 17-92 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State DeBary FL | City & State DeBary FL |
| Zip 32713 | Zip 32713 |

DO NOT WRITE IN THIS SPACE

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| DO NOT WRITE IN THIS SPACE | 4. FEI Number 59-3533953 |
| | Applied For <input type="checkbox"/> Not Applicable |
| | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 7. Name and Address of Current Registered Agent | |
| Name Mercado, Orlando | |
| Street Address (P.O. Box Number is Not Acceptable) 114 Highway 17-92 | |
| City DeBary | State FL |
| | Zip Code 32713 |

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE President NAME Mercado, Orlando STREET ADDRESS 114 Highway 17-92 CITY-ST-ZIP DeBary FL 32713 | TITLE 000015849030 NAME 04/14/03--01012--017 **150.00 STREET ADDRESS DO NOT WRITE IN THIS SPACE CITY-ST-ZIP DO NOT WRITE IN THIS SPACE |
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12. 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 10 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 #

CR2E034B (12/02)

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