

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 07, 2000 8:00 am**  
**Secretary of State**  
 06-07-2000 90428 044 \*\*\*150.00

DOCUMENT # **P99000008325**

1. Entity Name

**CAR WHIZ, INC**

Principal Place of Business

Mailing Address

**4300 SR 426**  
**WINTER PARK, FL 32792**

**"same"**

2. Principal Place of Business

**4300 SR 426**

3. Mailing Address

**"SAME"**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**WINTER PARK, FL.**

City & State

4. FEI Number

**59-3603314**

Applied For

Not Applicable

Zip

**32792**

Country

**U.S.A.**

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**00057455**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GAL SCHWARTZ**  
**4300 SR 426**  
**WINTER PARK, FL 32792**

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, 2000 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 **P.S.**  
 NAME **GAL SCHWARTZ**  
 STREET ADDRESS **4300 SR 426**  
 CITY-ST-ZIP **WINTER PARK, FL 32792**

☐ Delete

☐ Change

☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
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☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/08/00** **(407) 331-4374**

Date

Daytime Phone #

CR2E034 (9/99)