

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000023780

1. Entity Name

CARS ON CREDIT, INC.

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90181 036 \*\*\*150.00

Principal Place of Business

52 S. BEAL PARKWAY  
FT. WALTON BEACH FL 32548

Mailing Address

52 S. BEAL PARKWAY  
FT. WALTON BEACH FL 32548

800000

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

58-2451706

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FUCHS, LAWRENCE M.  
590 ROYAL PALM BEACH BLVD.  
ROYAL PALM BEACH FL 33411

GRAHAM ELDER

7. Name and Address of New Registered Agent

Name

GRAHAM ELDER

Street Address (P.O. Box Number is Not Acceptable)

52 S BEAL PKWAY

City FT WALTON BCH

FL

Zip Code 32548

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

TITLE DP  
NAME ELDER, GRAHAM  
STREET ADDRESS 4370 SPAIN HILL ROAD  
CITY-ST-ZIP GAINESVILLE GA 30504 ☐ Delete

TITLE SDVT  
NAME ELDER, JULIE  
STREET ADDRESS 4370 SPAIN HILL ROAD  
CITY-ST-ZIP GAINESVILLE GA 30504 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME GRAHAM ELDER  
STREET ADDRESS 490 PARISH BLVD  
CITY-ST-ZIP MARY ESTER FL 32569 ☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Add

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Add

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Add

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

Date

Daytime Phone #

GRAHAM ELDER

1-7-2000 850 7960617