

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000042932**1. Entity Name
CAR SEARCH USA, INC.**FILED**
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90120 003 ***150.00

Principal Place of Business
**3321 E. OAKLAND PARK BLVD. BOX 125
FT. LAUDERDALE FL 33308**Mailing Address
**3321 E. OAKLAND PARK BLVD. BOX 125
FT. LAUDERDALE FL 33308**

00000040



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
550 W. Sunrise Blvd
Suite, Apt. #, etc.3. Mailing Address
Suite, Apt. #, etc.City & State
Fort Laud FL
Zip
33311 Country
USACity & State
Zip
Country4. FEI Number **65-0924410**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required**6. Name and Address of Current Registered Agent****DYKES, SALLY S**
**3321 E. OAKLAND PARK BLVD. BOX 125
FT. LAUDERDALE FL 33308****7. Name and Address of New Registered Agent**Name **Sally Ann Hoag**
Street Address (P.O. Box Number is not acceptable)
3200 NE 19 St
City **FT Laud** FL Zip Code **33305**

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 **Sally Ann Hoag** **1-15-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE **D** ☐ Delete
NAME **DYKES, SALLY A**
STREET ADDRESS **3321 E. OAKLAND PARK BLVD. BOX 125**
CITY-ST-ZIP **FT. LAUDERDALE FL 33308**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
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CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **President/owner** ☒ Change ☐ Addition
NAME **Sally Ann Hoag**
STREET ADDRESS **550 W. Sunrise Blvd**
CITY-ST-ZIP **Fort Laud FL 33305**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Sally Ann Hoag**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**1-15-01**

Date

Daytime Phone #

954-467-7995

CR2E034 (10/00)