2000 UNIFORM BUSINESS REPORT (UBR)

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FILED — 50.00

00 OCT 26 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00068110

1. Entity Name
Smart Cars USA, Inc.
5099 Bayline Dr.
N. Ft. Myers, FL 33917

Principal Place of Business
Smart Cars USA, Inc.
5099 Bayline Dr.
N. Ft. Myers, FL 33917

DO NOT WRITE IN THIS SPACE
00-17-2000 90116 017 *****150.00

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0932070 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
James Glenn
6900-29 Daniels Pkwy
Ft Myers FL 33912

7. Name and Address of New Registered Agent
Name: Robert L Shearer
Street Address (P.O. Box Number is Not Acceptable): 3900 Isla Ciudad Ct
City: Naples FL Zip Code: 34109

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: Robert L Shearer Robert L Shearer DATE
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 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President, Treasurer, Sec'y James Glenn 6900-29 Daniels Pkwy Ft. Myers, FL 33912 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President, Treasurer ☐ Change ☑ Addition Robert L Shearer 3900 Isla Ciudad Ct Naples FL 34109
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director James Glenn 6900-29 Daniels Pkwy Ft. Myers, FL 33912 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary ☐ Change ☑ Addition Maureen K Shearer 3900 Isla Ciudad Ct Naples FL 34109
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ☐ Change ☑ Addition R L Shearer 3900 Isla Ciudad Ct Naples FL 34109
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: Robert L Shearer Robert L Shearer 6/26/00 941 595 0358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #