

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90056 045 ****50.00

DOCUMENT # L98000002207

1. Entity Name

CARLEN REALTY, LLC

Principal Place of Business

**26 W. ORANGE ST.
 TARPON SPRINGS FL 34689**

Mailing Address

**PO BOX 1879
 TARPON SPRINGS FL 34688**

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

59-3539385

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HIMONETOS, MARY
 26 W. ORANGE ST.
 TARPON SPRINGS FL 34689**

7. Name and Address of New Registered Agent

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

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

TITLE: **MGR** Delete
 NAME: **MARTIN, CAROL E**
 STREET ADDRESS: **P.O. BOX 1879**
 CITY-ST-ZIP: **TARPON SPRINGS FL 34688**

TITLE: **MGR** Delete
 NAME: **THOMPSON, JOHN**
 STREET ADDRESS: **26 W. ORANGE ST.**
 CITY-ST-ZIP: **TARPON SPRINGS FL 34689**

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Delete
 NAME: Delete
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TITLE: Delete
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 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

10. ADDITIONS / CHANGES

TITLE: **V.P./Secretary/Treasurer** Change Addition
 NAME: **Mary Himonetos**
 STREET ADDRESS: **P.O. BOX 1879**
 CITY-ST-ZIP: **TARPON SPRINGS, FL 34688**

TITLE: **Director** Change Addition
 NAME: **Christine L. Gagnon**
 STREET ADDRESS: **P.O. BOX 1879**
 CITY-ST-ZIP: **TARPON SPRINGS, FL 34688**

TITLE: **Director** Change Addition
 NAME: **Lynn A. Sharpe**
 STREET ADDRESS: **P.O. BOX 1879**
 CITY-ST-ZIP: **TARPON SPRINGS, FL 34688**

TITLE: **Director** Change Addition
 NAME: **Helen Jo Cahalin**
 STREET ADDRESS: **P.O. BOX 1879**
 CITY-ST-ZIP: **TARPON SPRINGS, FL 34688**

TITLE: **MGR/Chairman/President** Change Addition
 NAME: **Carol E. Martin**
 STREET ADDRESS: **P.O. BOX 1879**
 CITY-ST-ZIP: **TARPON SPRINGS, FL 34688**

TITLE: **MGR/EVP** Change Addition
 NAME: **John G. Thompson**
 STREET ADDRESS: **P.O. BOX 1879**
 CITY-ST-ZIP: **TARPON SPRINGS, FL 34688**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Mary Himonetos* **SIGNATURE REQUIRED** *Mary Himonetos* **4/25/02** **(727) 938-0160**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)