

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 05, 2002 8:00 am
Secretary of State

08-05-2002 90009 030 ***150.00

DOCUMENT # P01000074659

1. Entity Name
CARIBBEAN COTTAGES, INC. ✓

Principal Place of Business Mailing Address

~~2005 CONSTITUTION BLVD.~~ ~~2005 CONSTITUTION BLVD.~~
SARASOTA FL 34231 **SARASOTA FL 34231**

2. Principal Place of Business 3. Mailing Address

1414 No. LAKESHORE Dr PO Box 5033

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For

SARASOTA, FL **SARASOTA, FL** **05-1126716** Not Applicable

Zip Country Zip Country 5. Certificate of Status Desired **\$8.75** Additional Fee Required

34231 **SARASOTA** **34277** **SARASOTA**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DOOLEY, WILLIAM A
1432 FIRST STREET
SARASOTA FL 34236

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	<input type="checkbox"/> Delete
NAME	D CREIGHTON, GARRETSON III
STREET ADDRESS	2005 CONSTITUTION BLVD. 1414 No. LAKESHORE Dr
CITY-ST-ZIP	SARASOTA FL 34231
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: **JAMES CREIGHTON, JR** 7-29-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (4/02)

Attachment

972771

PO1000074659

July 29, 2002

Memo

To: Florida Department of State
Division of Corporations

From: G. James Creighton, III, Director
Caribbean Cottages, Inc. 

Re: 2002 Uniform Business Report

To whom it may concern:

Enclosed you will find our check in the amount of \$150.00 to pay for our annual incorporation fee. We have no record of receiving any previous notice and request that the late fee be waived.

Your cooperation in this matter will be greatly appreciated.

Address:

Caribbean Cottages, Inc.
PO Box 5033
Sarasota, FL 34277-5033