

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

05/27/06 AV

DOCUMENT # P02000014737



1. Entity Name
CAROLINA GROWLER OF FLORIDA, INC.

04-28-2003 91828 028 ***150.00

Principal Place of Business
**3139 SOUTHEAST 7TH STREET
OCALA FL 34471**

Mailing Address
**3139 SOUTHEAST 7TH STREET
OCALA FL 34471**



2. Principal Place of Business
2035 NW 8th Ave

3. Mailing Address
2035 NW 8th Ave

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Ocala, FL

City & State
Ocala, FL

4. FEI Number
30-0052647

Applied For
 Not Applicable

Zip
34475

Country
USA

Zip
34475

Country
USA

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

6. Name and Address of Current Registered Agent

CRISP, WILLIAM R
3139 SOUTHEAST 7TH STREET
OCALA FL 34471

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRISP, WILLIAM R 3139 SOUTHEAST 7TH STREET OCALA FL 34471	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P William R. Crisp 2035 NW 8th Ave Ocala, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Curtis T. Crews 2035 NW 8th Ave Ocala, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William R. Crisp **REQUIRED** William R. Crisp 1/9/02 352-671-5393
Date Daytime Phone #

CR2E034 (10/02)