

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2001 8:00 am
Secretary of State

0119598

DOCUMENT # P96000071368

1. Entity Name

CARPER & CARPER COMMUNICATIONS, INC.

03-15-2001 90214 038 ***150.00

Principal Place of Business 1500 VON PHISTER KEY WEST FL 33040	Mailing Address 1500 VON PHISTER KEY WEST FL 33040
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 65-0616484	Applied For
	Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CARPER, JEAN E
1500 VON PHISTER
KEY WEST FL 33040**

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 _____

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	CARPER, JEAN E	
STREET ADDRESS	1500 VON PHISTER	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	P	<input type="checkbox"/> Delete
NAME	CARPER, ROBERT J	
STREET ADDRESS	9560 SESSIONS ROAD	
CITY-ST-ZIP	SAUQUOIT NY 13456	
TITLE	V	<input type="checkbox"/> Delete
NAME	CARPER, LARRY D	
STREET ADDRESS	6189 GIEHL ROAD	
CITY-ST-ZIP	DELAWARE OH 43015	
TITLE	V	<input type="checkbox"/> Delete
NAME	HICKSON, JOAN M	
STREET ADDRESS	203 HAMPTON COURT	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	ST	<input type="checkbox"/> Delete
NAME	STEVENS, JUDITH E	
STREET ADDRESS	7985 LYONS ROAD	
CITY-ST-ZIP	WAYNESBORO PA 17268	
TITLE		<input type="checkbox"/> Delete
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
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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:

Judith E. Stevens **Judith E. Stevens, Treasurer** 3/9/01 717-762-2144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)