

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91512 042 \*\*\*150.00

**DOCUMENT # P96000071368**

1. Entity Name

**CARPER & CARPER COMMUNICATIONS, INC.**

**DO NOT WRITE IN THIS SPACE**

**33980**

2. Principal Place of Business

**1500 VON PHISTER**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**KEY WEST, FL**

City & State

4. FEI Number

**65-0616484**

Applied For

Not Applicable

Zip

**33040**

Country

**USA**

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

**CARPER, JEAN E.**

Street Address (P.O. Box Number is Not Acceptable)

**1500 Von Phister**

City

**Key West**

**FL**

Zip Code

**33040**

**DO NOT WRITE  
IN THIS SPACE**

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)

**January 1 - May 1 Fee is \$150.00**

**After May 1, Fee is \$550.00**

**Amended UBR is \$61.25**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**D  
Carper, Jean E.  
1500 Von Phister  
Key West, FL. 33040**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**P  
Carper, Robert, J.  
9560 Sessions Road  
Sauquoit, N.Y. 13456**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**V  
Carper, Larry D.  
6189 Giehl Road  
Delaware, OH. 43015**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**V  
Hickson, Joan M.  
203 S. Hampton Court  
Neeville, FL. 32578**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**ST  
Stevens, Judith E.  
7985 Lyons Road  
Waynesboro, PA. 17268**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JUDITH E. STEVENS**

**4/18/2002 717-762-6998**

Date

Daytime Phone #

CR2E034B (12/01)