

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90187 023 ***150.00

DOCUMENT # **P96000071368**

1. Entity Name
CARPER & CARPER COMMUNICATIONS, INC.



Principal Place of Business
**1500 VON PHISTER
KEY WEST FL 33040**

Mailing Address
**1500 VON PHISTER
KEY WEST FL 33040**



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 **65-0616484**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

3/20/2003

DATE

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	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		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *W. Stevens* SECRETARY
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: *3/20/2003* Daytime Phone #: *717-762-6998*

CR2E034 (10/02)