2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State
02-07-2002 90313 004 ***150.00

DOCUMENT # P96000077432

1. Entity Name
CARR CONSULTING GROUP, INC.

Principal Place of Business
~~543 RUTILE DRIVE~~
~~PONTE VEDRA BEACH FL 32082~~
9545 SW 9th TERRACE
OCALA, FL. 34476

Mailing Address
~~PO BOX 2585~~
~~PONTE VERDE FL 32084~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc. 9545 SW 9th TERRACE	Suite, Apt. #, etc. 9545 SW 9th TERRACE
City & State OCALA FL	City & State OCALA FL
Zip 34476 — Country USA	Zip 34476 — Country USA

4. FEI Number 59-3399278 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

F&L CORP.
200 LAURA ST
JACKSONVILLE FL 32202

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, 2002 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 ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	CARR, BRUCE E	NAME	
STREET ADDRESS	~~7170 MARSH HAWK COURT~~	STREET ADDRESS	
CITY-ST-ZIP	~~PONTE VEDRA BEACH FL 32082~~	CITY-ST-ZIP	
TITLE	PRES ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	CARR, BRUCE E.	NAME	
STREET ADDRESS	9545 SW 9 TERRACE	STREET ADDRESS	
CITY-ST-ZIP	OCALA FL. 34476	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (9/01)

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: BRUCE E. CARR RECEIVER Bruce E. Carr — 1/16/02 — 352-854-9452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #