# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 01, 2002 8:00 am**
**Secretary of State**
04-01-2002 90613 015 ***150.00

0406272 AV

DOCUMENT # P97000025341

1. Entity Name
CARLY LANDCO, INC.

Principal Place of Business
10480 WEST ATLANTIC AVE
DELRAY BEACH FL 33446

Mailing Address
4157 CEDAR CREEK ROAD
BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 65-0738323 — Applied For / Not Applicable

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

**6. Name and Address of Current Registered Agent**
SKENIAN, MICHAEL P
4157 CEDAR CREEK ROAD
BOCA RATON FL 33487

**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**

| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Delete |
|---|---|
| D<br>SKENIAN, MICHAEL P<br>4157 CEDAR CREEK ROAD<br>BOCA RATON FL 33487 | ☐ |
| | ☐ |
| | ☐ |
| | ☐ |
| | ☐ |
| | ☐ |

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Change | Addition |
|---|---|---|
| | ☐ | ☐ |
| | ☐ | ☐ |
| | ☐ | ☐ |
| | ☐ | ☐ |
| | ☐ | ☐ |
| | ☐ | ☐ |

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:** SIGNATURE REQUIRED — 3/19/02 — 638-2356
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #