

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 30, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # P99000071203**

1. Entity Name  
**CARTY CORP.**

Principal Place of Business 16109 BELLE MEADE BOULEVARD ODESSA FL 33556	Mailing Address 16109 BELLE MEADE BOULEVARD ODESSA FL 33556
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address PO BOX 271346 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State TAMPA FL	4. FEI Number <b>65-0934271</b>	Applied For <input type="checkbox"/> Not Applicable
Zip 33688	Country US	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CARTY GLEN 16109 BELLE MEADE BOULEVARD ODESSA FL 33556	7. Name and Address of New Registered Agent Name CARTY GLEN Street Address (P.O. Box Number is Not Acceptable) PO BOX 271346 City TAMPA FL Zip Code 33688
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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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE **03/30/2000**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARTY KAREN			NAME	CARTY KAREN		
STREET ADDRESS	16109 BELLE MEADE BOULEVARD			STREET ADDRESS	PO BOX 271346		
CITY-ST-ZIP	ODESSA FL 33556			CITY-ST-ZIP	TAMPA FL 33688		
TITLE	D	<input type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CARTY GLEN			NAME	CARTY GLEN		
STREET ADDRESS	16109 BELLE MEADE BOULEVARD			STREET ADDRESS	PO BOX 271346		
CITY-ST-ZIP	ODESSA FL 33556			CITY-ST-ZIP	TAMPA FL 33688		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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: GLEN CARTY DATE: 03/30/2000