

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **V13705**

1. Entity Name

CARPER & ANDREWS, INC.

Principal Place of Business

31830 N. WASHINGTON LP. RD.
PUNTA GORDA FL 33982

Mailing Address

31830 N. WASHINGTON LP. RD.
PUNTA GORDA FL 33982

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

65-0309213

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HALL, THOMAS P
3443D TAMIAMI TRAIL
PORT CHARLOTTE FL 33952**

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 \$550.00
After SEPTEMBER 13, 2000. Min. will be \$750.00
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 Delete
NAME **D**
STREET ADDRESS **CARPER, GEORGE R III**
CITY-ST-ZIP **8847 SW OTTER TRAIL
ARCADIA FL 34266**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D**
STREET ADDRESS **ANDREWS, THOMAS P**
CITY-ST-ZIP **31830 N. WASHINGTON LP. RD.
PUNTA GORDA FL 33982**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000003417350-0
-10/06/00-01103-015
******550.00 ****550.00**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
SP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/10/00 - 941-639-1788
Date Daytime Phone #

FILED
00 SEP 25 PM 2:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)