

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000003031

1. Entity Name

CARTER'S UNITED FABRICATORS, INC. ✓

FILED
Jun 16, 2000 8:00 am
Secretary of State

06-16-2000 90112 037 ***550.00

Principal Place of Business

9161 131 PLACE NORTH
LARGO FL 34643

Mailing Address

11336 123 TERRACE N
LARGO FL 33778-2609

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

3. Mailing Address

9161 131 Pl. N.

Suite, Apt. #, etc.

City & State

Largo, FL

Zip

33773

Country

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3418584

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

CARTER, ROGER D
11336 123 TERRACE
LARGO FL 33778

Name

David Carter

Street Address (P.O. Box Number is Not Acceptable)

11336 123 Terrace

City

Largo

FL

Zip Code

33778

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

Roger Carter

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-29-00

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, 2000 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	VP	<input type="checkbox"/> Delete
NAME	CARTER, DAVID	
STREET ADDRESS	11336 123RD TERRACE NORTH	
CITY-ST-ZIP	LARGO FL 33778	
TITLE	P	<input type="checkbox"/> Delete
NAME	CARTER, ROGER	
STREET ADDRESS	8449 82ND STREET NORTH	
CITY-ST-ZIP	SEMINOLE FL 33777	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARTER, CURTIS	
STREET ADDRESS	3680 TERRAPIN LANE, #507	
CITY-ST-ZIP	CORAL SPRINGS FL 33067	
TITLE	S	<input type="checkbox"/> Delete
NAME	CARTER, SHIRLEY	
STREET ADDRESS	11336 123RD TERRACE NORTH	
CITY-ST-ZIP	LARGO FL 33778	
TITLE	T	<input type="checkbox"/> Delete
NAME	CARTER, DEBBIE	
STREET ADDRESS	8449 82ND STREET NORTH	
CITY-ST-ZIP	SEMINOLE FL 33777	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Roger Carter	
STREET ADDRESS	8449 82nd St. N.	
CITY-ST-ZIP	Seminole, FL 33777	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Curtis Carter	
STREET ADDRESS	7420 N.W. 21st Ct.	
CITY-ST-ZIP	Margate, FL 33063	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 697, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Roger Carter

Date

Daytime Phone #

4-29-00

727-586-0585

CR2E034 (9/99)