

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 24, 2001 08:00 AM**
Secretary of State**DOCUMENT # P95000096075**1. Entity Name
CARTER'S SIGN SHOP, INC.

Principal Place of Business 2487 LINWOOD AVENUE NAPLES FL 34112 US	Mailing Address 2487 LINWOOD AVENUE NAPLES FL 34112 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip Country	Zip Country

4. FEI Number 65-0650931	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CARTER ESTELLE
2487 LINWOOD AVE

NAPLES FL 33962 US**7. Name and Address of New Registered Agent**

Name
REARDON SHARE-IN Y
Street Address (P.O. Box Number is Not Acceptable)
2487 LINWOOD AVE

City
NAPLES FL Zip Code
34112

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 **SHARE-IN Y. REARDON****04/24/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TS	<input type="checkbox"/> Delete
NAME	CARTER ESTELLE	
STREET ADDRESS	2893 ESTEY AVE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	P	<input type="checkbox"/> Delete
NAME	SHARE IN REARDON	
STREET ADDRESS	3340 24TH AVE. S.E.	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY NICOLE S	
STREET ADDRESS	5218 HEMINGWAY CIRCLE APT #2210	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REARDON MARCUS G	
STREET ADDRESS	3340 24TH AVE. S.E.	
CITY-ST-ZIP	NAPLES FL 34117	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTER ESTELLE	
STREET ADDRESS	2893 ESTEY AVE	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REARDON SHARE-IN Y	
STREET ADDRESS	3340 24TH AVE. S.E.	
CITY-ST-ZIP	NAPLES FL 34117	
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 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: SHARE-IN Y. REARDON

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04/24/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)