

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 184493

1. Entity Name

CAR-DELL INC

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90096 016 \*\*\*150.00

Principal Place of Business

1015 ALHAMBRA DRIVE, NORTH  
JACKSONVILLE FL 32207

Mailing Address

1015 ALHAMBRA DRIVE, NORTH  
JACKSONVILLE FL 32207

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 **59-0781069**

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

**DEJONG, JULIANNE C.**  
**4173 BIRMINGHAM ROAD**  
**JACKSONVILLE FL 32207**

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's signature required when re-statuting)

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 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PD**  
**CADDELL, JULIA**  
**13929 FAIRWAY ISLAND DRIVE, APT 836**  
**ORLANDO FL 32837**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP**  
**CARR, JULIA C**  
**13929 FAIRWAY ISLAND DRIVE, APT 836**  
**ORLANDO FL 32837**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**ST**  
**DEJONG, JULIANNE C**  
**4173 BIRMINGHAM ROAD**  
**JACKSONVILLE FL 32207**

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**AST**  
**CARLYON, GEORGE S**  
**3951 BAYMEADOWS RD**  
**JACKSONVILLE FL 32217**

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TITLE  
NAME  
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CITY - ST - ZIP  
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:

*Julianne C. DeJong*

JULIANNE C. DeJONG

April 24, 2001

904/399-3673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/00)