

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90278 029 ***150.00

0024110 AV

DOCUMENT # 184493

1. Entity Name
CAR-DELL INC



Principal Place of Business
**4173 BIRMINGHAM ROAD
JACKSONVILLE FL 32207**

Mailing Address
**4173 BIRMINGHAM ROAD
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

☒ CHECK HERE IF MAKING CHANGES

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CADDELL, JULIA	
STREET ADDRESS	13929 FAIRWAY ISLAND DRIVE, APT 836	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARR, JULIA C	
STREET ADDRESS	13929 FAIRWAY ISLAND DRIVE, APT 836	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	DEJONG, JULIANNE C	
STREET ADDRESS	4173 BIRMINGHAM ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	AST	<input type="checkbox"/> Delete
NAME	CARLYON, GEORGE S	
STREET ADDRESS	3951 BAYMEADOWS RD	
CITY-ST-ZIP	JACKSONVILLE FL 32217	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DeJONG, JULIANNE C.	
STREET ADDRESS	4173 Birmingham Road	
CITY-ST-ZIP	Jacksonville, Florida 32207	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CADDELL, FRED B, JR.	
STREET ADDRESS	Post Office Box 988	
CITY-ST-ZIP	Winfield, LA 71483-0988	
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JULIANNE C. DeJONG

April 30, 2003

904/399-3673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)