

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90263 015 \*\*\*150.00

**DOCUMENT # 354367**

1. Entity Name  
**CARA PILLA CORPORATION**



Principal Place of Business  
**456 MAGELLAN DR.  
SARASOTA FL 34243**

Mailing Address  
**456 MAGELLAN DR.  
SARASOTA FL 34243**

2. Principal Place of Business  
**51 PERCH ST**  
Suite, Apt. #, etc.

3. Mailing Address  
**51 PERCH ST**  
Suite, Apt. #, etc.

City & State  
**HAINES CITY FL**  
Zip  
**33844**  
Country  
**USA**

City & State  
**HAINES CITY FL**  
Zip  
**33844**  
Country  
**USA**

4. FEI Number **59-1285485**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HOBSON, STANLEY A  
456 MAGELLAN DR  
SARASOTA FL 34243**

7. Name and Address of New Registered Agent

Name **Smith Tommy G.**

Street Address (P.O. Box Number is Not Acceptable)  
**51 PERCH ST.**

City **HAINES CITY FL** Zip Code **33844-9623**

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 **Tommy G Smith** **Tommy G Smith** **2-13-03**  
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 ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete  
NAME **HOBSON, S A**  
STREET ADDRESS **1350 FRUITVILLE ROAD**  
CITY-ST-ZIP **SARASOTA FL**

TITLE **SD** ☒ Delete  
NAME **STINNETT, GAY3**  
STREET ADDRESS **1676 ANCHORAGE ST.**  
CITY-ST-ZIP **SARASOTA FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Change ☒ Addition  
NAME **SMITH, Tommy G.**  
STREET ADDRESS **51 PERCH STREET**  
CITY-ST-ZIP **HAINES CITY, FL 33844-9623**

TITLE **SD** ☐ Change ☒ Addition  
NAME **SMITH, ELSIE C.**  
STREET ADDRESS **51 PERCH ST.**  
CITY-ST-ZIP **HAINES CITY, FL 33844-9623**

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

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

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

TITLE ☐ Change ☐ 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: **Tommy G Smith** **2-13-03** **863 439-2028**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)