

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 418292

1. Entity Name

CARGLEN, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90244 024 ***150.00

Principal Place of Business

Mailing Address

4569 CLEARWATER HARBOR DR
LARGO FL 33770
US

BOX 188
INDIAN ROCKS BEACH FL 33785-0188
US

2. Principal Place of Business

13300 Indian Rocks Road

Suite, Apt. #, etc.

#706

City & State

Largo, Florida

3. Mailing Address

Suite, Apt. #, etc.

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1437855

Applied For

Not Applicable

Zip
33774

Country
USA

Zip

Country

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

ARTHUR, GLENN
4569 CLEARWATER HARBOR DR
LARGO FL 33770

Name

Street Address (P.O. Box Number is Not Acceptable)
13300 Indian Rocks Road

City

Largo,

FL

Zip Code
33774

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 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, 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

TITLE	CTD	<input type="checkbox"/> Delete
NAME	ARTHUR, GLENN	
STREET ADDRESS	4569 CLEARWATER HARBOR	
CITY-ST-ZIP	LARGO, FL 00000	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	ARTHUR, DIANE	
STREET ADDRESS	636 182ND AVE NORTH	
CITY-ST-ZIP	REDINGTON FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ARTHUR, CAROL	
STREET ADDRESS	4569 CLEARWATER HARBOR	
CITY-ST-ZIP	LARGO, FL 00000	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARTHUR, TERRACE	
STREET ADDRESS	1116 PIEDMONT ROAD	
CITY-ST-ZIP	VENICE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	P. O. Box 188
CITY-ST-ZIP	Indian Rocks Beach, Florida 33785
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	P. O. Box 188
CITY-ST-ZIP	Indian Rocks Beach, Florida 33785
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	
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:

Glenn Arthur (GLENN ARTHUR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/00

Date

727-593-0651

Daytime Phone #

CR2E034 (9/99)