

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 418292**1. Entity Name  
**CARGLEN, INC.**Principal Place of Business  
**13300 INDIAN ROCKS ROAD  
#706  
LARGO FL 33774  
US**Mailing Address  
**BOX 188  
INDIAN ROCKS BEACH FL 33785  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **59-1437855**Applied For  
Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**ARTHUR, GLENN  
13300 INDIAN ROCKS ROAD  
LARGO FL 33774**

## 7. Name and Address of New Registered Agent

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 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 State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

## 11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
CTD	ARTHUR, GLENN	PO BOX 188	INDIAN ROCKS BEACH FL 33785	<input type="checkbox"/>
VTD	ARTHUR, DIANE	636 182ND AVE NORTH	REDINGTON FL	<input checked="" type="checkbox"/>
SD	ARTHUR, CAROL	PO BOX 188	INDIAN ROCKS BEACH FL 33785	<input type="checkbox"/>
D	ARTHUR, TERRACE	1116 PIEDMONT ROAD	VENICE FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-01

Date

Daytime Phone #

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90057 002 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)