

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90038 018 ***150.00

DOCUMENT # 418292

1. Entity Name

CARGLEN, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13300 INDIAN ROCKS ROAD

3. Mailing Address

BOX 188

Suite, Apt. #, etc.

#706

Suite, Apt. #, etc.

City & State

LARGO FL

City & State

INDIAN ROCKS BEACH FL

4. FEI Number

59-1437855

Applied For

Not Applicable

Zip

33774

Country

US

Zip

33785

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

427433

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ARTHUR, GLENN

Street Address (P.O. Box Number is Not Acceptable)

13300 INDIAN ROCKS ROAD

#706

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
CTD
ARTHUR, GLENN
P O BOX 188
INDIAN ROCKS BEACH FL 33785

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
ARTHUR, CAROL
P O BOX 188
INDIAN ROCKS BEACH FL 33785

TITLE
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-8-02

727-546-7530