

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 419129

1. Entity Name

CARLTON & MCKINNEY, INC.

FILED

Mar 22, 2001 8:00 am  
Secretary of State

03-22-2001 90027 026 \*\*\*150.00

Principal Place of Business

510 LEON STREET  
PO BOX 790  
CROSS CITY FL 32628  
US

Mailing Address

POST OFFICE BOX 790  
510 LEON ST  
CROSS CITY FL 32628  
US

2. Principal Place of Business

705 North Main St.

3. Mailing Address

Post Office Box 790

Suite, Apt. #, etc.

P O Box 790

Suite, Apt. #, etc.

705 North Main St.

City & State

Cross City, FL

City & State

Cross City, FL

Zip

32628

Country

Dixie

Zip

32628

Country

Dixie

4. FEI Number

59-1445825

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCKINNEY JR., J. M.  
510 LEON STREET  
CROSS CITY FL 32628

7. Name and Address of New Registered Agent

Name

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

705 North Main Street

Cross City, FL 32628

City

Cross City

FL

Zip Code  
32628

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

J.M. McKinney, Jr., President

3/16/01

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 PD  
NAME MCKINNEY, JR. J M  
STREET ADDRESS 810 N CEDAR STREET  
CITY-ST-ZIP CROSS CITY FL

☐ Delete

TITLE ST  
NAME GOODING, CAROL M  
STREET ADDRESS 191 LEON ST  
CITY-ST-ZIP CROSS CITY FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ST  
NAME GOODING, CAROL M  
STREET ADDRESS 3340 Highview Rd.  
CITY-ST-ZIP Charlotte, NC 28210

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/01

Date

352/498-5572

Daytime Phone #

CR2E034 (10/00)