

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90112 016 ***150.00

DOCUMENT # 449951

1. Entity Name
KARRGO INDUSTRIES, INC.

Principal Place of Business
**1532 OLD DAYTONA CIR
 DELAND FL 32724
 US**

Mailing Address
**605 MARION CT
 DELAND FL 32720
 US**



2. Principal Place of Business

3. Mailing Address

111 S. BOUNDARY AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State
DELAND, FL

4. FEI Number

59-1533164

Applied For

Not Applicable

Zip

Country

Zip

Country

32720

USA

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

**RICHARD A. FLANIGAN
 605 MARION CT
 DELAND FL 32720**

Name **RICHARD A. FLANIGAN**

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

111 S. BOUNDARY AVE.

City **DELAND,**

FL

Zip Code

32720

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.

Richard A. Flanigan, Pres.

SIGNATURE **RICHARD A. FLANIGAN, PRES.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2-16-02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **VD**
 STREET ADDRESS **FLANIGAN, RICHARD J**
 CITY-ST-ZIP **11808 OLD TIMBER ROAD
 CHARLOTTE NC 28269**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **PAIVA, KATHLEEN M**
 CITY-ST-ZIP **425 W. PENNSYLVANIA AVE
 DELAND FL 32720**

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

TITLE ☐ Delete
 NAME **PD**
 STREET ADDRESS **FLANIGAN, RICHARD A**
 CITY-ST-ZIP **605 MARION CT
 DELAND FL 32720**

TITLE ☒ Change ☐ Addition
 NAME **P D**
 STREET ADDRESS **RICHARD A. FLANIGAN**
 CITY-ST-ZIP **111 S. BOUNDARY AVE.
 DELAND, FL 32720**

TITLE ☐ Delete
 NAME **SD**
 STREET ADDRESS **FLANIGAN, ALICE J**
 CITY-ST-ZIP **605 MARION CT
 DELAND FL 32720**

TITLE ☒ Change ☐ Addition
 NAME **SD**
 STREET ADDRESS **ALICE J. FLANIGAN**
 CITY-ST-ZIP **111 S. BOUNDARY AVE.
 DELAND, FL 32720**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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: **RICHARD A. FLANIGAN, PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-2002 386-822-9781

Date

Daytime Phone #

CR2E034 (9/01)