

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 471416

1. Entity Name

CARNEY INVESTMENTS, INC.

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90024 014 ***150.00

0047016

Principal Place of Business

8556 PARK HIGHLAND DRIVE
ORLANDO FL 32818

Mailing Address

2191 LAKE DEBRA DR., UNIT 323
ORLANDO FL 32835

C0040237



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3309 BUFFALO TRAIL

Suite, Apt. #, etc.

3. Mailing Address

3309 BUFFALO TRAIL

Suite, Apt. #, etc.

City & State

DELAND, FL

Zip
32724

Country

USA

City & State

DELAND, FL

Zip
32724

Country

USA

4. FEI Number

59-1576671

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARNEY, LEWIS P
2191 LAKE DEBRA DR., UNIT 323
ORLANDO FL 32835

7. Name and Address of New Registered Agent

Name

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

3309 BUFFALO TRAIL

City
DELAND

FL

Zip Code
32724

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.

LEW CARNEY, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

3-19-01

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
P
CARNEY, LEWIS P
2191 LAKE DEBRA DR., UNIT 223
ORLANDO FL 32835 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3309 BUFFALO TRAIL
DELAND, FL 32724 ☒ Change ☐ Addition

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

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

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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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEW CARNEY

3-19-01

Date

321-662-4319

Daytime Phone #

CR2E034 (10/00)