

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 488476**

1. Entity Name

**CAREY INVESTMENT CORPORATION, INC.****FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90085 050 \*\*\*150.00

Principal Place of Business

Mailing Address

**4404 NEWPORT DRIVE  
NEW PORT RICHEY FL 34652****P.O. BOX 308  
NEW PORT RICHEY FL 34656-0308****913901**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number

**59-1648141**Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**WILDER, FRED J  
407 S. EWING AVENUE  
CLEARWATER FL 33756-5766**

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, 2000 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	D	<input checked="" type="checkbox"/> Delete
NAME	BOYCE, W.H.	
STREET ADDRESS	4404 NEWPORT DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BOYCE, M.D.	
STREET ADDRESS	4404 NEWPORT DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	

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

TITLE	S	<input type="checkbox"/> Delete
NAME	BELINKOFF, ALAN	
STREET ADDRESS	4404 NEWPORT DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	

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

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	PAUL, WILLIAM D II	
STREET ADDRESS	4404 NEWPORT DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	

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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	WILLIAM H BOYCE	
STREET ADDRESS	4044 NEWPORT DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	

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

TITLE	V.P.	<input type="checkbox"/> Delete
NAME	SHELLEY A DAVIS	
STREET ADDRESS	4044 NEWPORT DR	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**W. H. Boyce****2/1/00****727 842-8444**