

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2003 8:00 am**  
**Secretary of State**

03-26-2003 90175 028 \*\*\*150.00

**DOCUMENT # 488476**

1. Entity Name  
**CAREY INVESTMENT CORPORATION, INC.**



Principal Place of Business  
**9020 RANCHO DEL RIO DRIVE  
SUITE 132  
NEW PORT RICHEY FL 34655**

Mailing Address  
**P.O. BOX 308 Suite 132  
NEW PORT RICHEY FL 34658-0308  
9020 RANCHO DEL RIO DR  
New Port Richey, FL 34655**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1648141**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

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

## 7. Name and Address of New Registered Agent

Name **NANCY BOYCE**  
Street Address (P.O. Box Number is Not Acceptable) **Suite 132  
9020 Rancho Del Rio Drive**  
City **New Port Richey** FL Zip Code **34655**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Nancy Boyce*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3-24-03**

DATE

**FEE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE **S** ☒ Delete  
NAME **BELINKOFF, ALAN**  
STREET ADDRESS **4404 NEWPORT DRIVE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **P/D** ☐ Delete  
NAME **BOYCE, NANCY**  
STREET ADDRESS **4044 NEW PORT DRIVE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE **VP/D** ☐ Delete  
NAME **BOYCE, MIKE**  
STREET ADDRESS **4044 NEW PORT DRIVE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☒ Addition  
NAME **SECRETARY/D  
BARBARA A. CORAL**  
STREET ADDRESS **9951 W. PHAHL RD**  
CITY-ST-ZIP **Boise, Idaho 83703**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

*Nancy Boyce*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-24-03**

Date

**727-494-1031**

Daytime Phone #

CR2E034 (10/02)