

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90008 029 ***158.75

DOCUMENT # 508388

1. Entity Name
CARMEL REALTY, INC.

Principal Place of Business

C O JOHN T MC COMB
5600 SPINAKEE LOOP
LADY LAKE FL 32159

Mailing Address

C O JOHN T MC COMB
5600 SPINAKEE LOOP
LADY LAKE FL 32159



2. Principal Place of Business

John T. McComb
5503 Grove Manor
Lady Lake, FL 32159

3. Mailing Address

John T. McComb
5503 Grove Manor
Lady Lake, FL 32159

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1740685**

Applied For
 Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional Fee Required**

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

MCCOMB, JOHN T
5600 SPINAKEE LOOP
LADY LAKE FL 32159

7. Name and Address of New Registered Agent

Name

Street

City

John T. McComb
5503 Grove Manor
Lady Lake, FL 32159

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

John T. McComb
 (NOTE: Registered Agent signature required when reinstating)

1/4/02
 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

TITLE **P** ☐ Delete
 NAME **MCCOMB, JOHN T.**
 STREET ADDRESS **5600 SPINAKEE LOOP**
 CITY-ST-ZIP **LADY LAKE FL 32159**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P.** ☒ Change ☐ Addition
 NAME **John T. McComb**
 STREET ADDRESS **5503 Grove Manor**
 CITY-ST-ZIP **Lady Lake, FL 32159**

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 NAME
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 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 #

CR2E034 (9/01)