

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 521193

1. Entity Name

CARRIER ENTERPRISES, INC.

**FILED**  
**Jan 25, 2000 8:00 am**  
**Secretary of State**

01-25-2000 90067 020 \*\*\*150.00

Principal Place of Business

10699 GANDY BLVD  
ST PETERSBURG FL 33702

Mailing Address

10699 GANDY BLVD  
ST PETERSBURG FL 33702-1423

C0019381



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3530-N. Grayhawk  
Loop

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hecanto FL

4. FEI Number 59-1708791

Applied For

Not Applied For

Zip

Country

34461

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

HOLLAND, W. LANGSTON  
125 28TH ST. NORTH  
P.O. BOX 11268  
ST. PETERSBURG FL 33733

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 VS  
NAME CARRIER, LORRAINE  
STREET ADDRESS 10699 GANDY BLVD  
CITY-ST-ZIP ST PETERSBURG, FL 33702 ☐ Delete

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

TITLE PT  
NAME CARRIER, PATRICK A  
STREET ADDRESS 10699 GANDY BLVD  
CITY-ST-ZIP ST PETERSBURG, FL 33702 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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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:

Lorraine A. Carrier 1-20-00 352/527707  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #