

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 08, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # 521193**1. Entity Name  
**CARRIER ENTERPRISES, INC.****Principal Place of Business**

10699 GANDY BLVD

ST PETERSBURG

33702

FL

**Mailing Address**

3530 N. GRAYHAWK

LECANTO

34461

FL

**2. Principal Place of Business****3. Mailing Address**

3530 N. GRAYHAWK LOOP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

LECANTO

FL

Zip

Country

Zip

Country

34461

**4. FEI Number****59-1708791**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****HOLLAND, W. LANGSTON**

125 28TH ST. NORTH

P.O. BOX 11268

ST. PETERSBURG

33733

FL

**7. Name and Address of New Registered Agent**

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)

**02/08/2001**

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PT	<input type="checkbox"/> Delete
NAME	CARRIER, PATRICK A	
STREET ADDRESS	10699 GANDY BLVD	
CITY-ST-ZIP	ST PETERSBURG, FL 33702	
TITLE	VS	<input type="checkbox"/> Delete
NAME	CARRIER, LORRAINE	
STREET ADDRESS	10699 GANDY BLVD	
CITY-ST-ZIP	ST PETERSBURG, FL 33702	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRIER, PATRICK A	
STREET ADDRESS	3530 NORTH GRAYHAWK LOOP	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRIER, LORRAINE	
STREET ADDRESS	3530 N. GRAYHAWK LOOP	
CITY-ST-ZIP	LECANTO FL 34461	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
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: LORRAINE A. CARRIER**

VS

02/08/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)