

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 588624

1. Entity Name

CARO-CANA CORPORATION

Principal Place of Business

3368 BARTLETT BLVD.
ORLANDO FL 32811

Mailing Address

3368 BARTLETT BLVD.
ORLANDO FL 32811-6402

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

O'QUINN, MICHAEL A
28 WEST CENTRAL BLVD
4TH FLOOR
ORLANDO, FL FL 32801

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
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
YORK, GERALD P.
544 W. 32ND ST.
CHARLOTTE NC

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition
800003114198--1
-01/28/00--01042--007
****150.00 ****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPD
WILLIAMSON, GARLAND
14 TILBURY CT.
BRAMALEA, ONTARIO

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WILLIAMSON, LOCH N.
1037 LA QUINTA
ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WILLIAMSON, DAVID
6466 HAUGHTON LANE
ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

00 JAN 20 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1906906

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

ITS

1/11/00