

2001 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

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

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

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)

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SD
NAME YORK, GERALD
STREET ADDRESS 1100 CONTINENTAL BLVD.
CITY-ST-ZIP CHARLOTTE, NC 28223 ☒ Change ☐ Addition

TITLE VPD
NAME WILLIAMSON, GARLAND
STREET ADDRESS 71 ADMIRAL BLVD
CITY-ST-ZIP MISSISSAUGA, ONTARIO L5T 2T1 ☒ Change ☐ Addition

TITLE D
NAME WILLIAMSON, LOCH N
STREET ADDRESS 615 ROBERTS RISE
CITY-ST-ZIP OCOCHE FL ☒ Change ☐ Addition

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Williamson

Date

Daytime Phone #

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90074 004 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)

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