2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 618253 Feb 02, 2000 8:00 am Secretary of State CARET CORPORATION 02-02-2000 90008 004 ***150.00 Principal Place of Business Mailing Address 4020 S.W. 78TH STREET 4020 S.W. 78TH STREET GAINESVILLE FL 32608-3608 GAINESVILLE FL 32608-3608 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1922200 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name vermelle C. York Street Address (P.O. Box Number is Not Acceptable) 4020 SW 78TH ST. GAINESVILLE FL 32608 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITLE Addition Delete TITLE YORK, VERMELLE C NAME NAME STREET ADDRESS STREET ADDRESS 4020 S.W. 78TH STREET CITY-ST-ZIP CITY-ST-7IP GAINESVILLE, FL 32608 ☐ Addition ☐ Change Delete TITLE york, guy l NAME STREET ADDRESS STREET ADDRESS 3929 SW 80TH WAY CITY-ST-7IP CITY-ST-ZIP **GAINESVILLE FL** ☐ Change Addition ☐ Delete TITLE . YORK, TRAVIS L NAME STREET ADDRESS STREET ADDRESS 4020 S.W. 78TH ST. CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32608 ☐ Change Addition DST Delete TITLE TITLE YORK, E.T. JR NAME STREET ADDRESS STREET ADDRESS 4020 S.W. 78TH ST. CITY-ST-ZIP CITY-ST-ZIP GAINESVILLE FL 32608 Addition ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE: VOLUME OF THE STATE OF THE STATE

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

Jan 27 Land (35)
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☐ Change

☐ Addition

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