

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 11, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90064 020 \*\*\*150.00

**DOCUMENT # 689224**

**1. Entity Name**  
**CARROLL DESIGNS, INC.**

**Principal Place of Business**

**49 CACHE CAY DR**  
**VERO BCH FL 32963**  
**US**

**Mailing Address**

**49 CACHE CAY DR**  
**VERO BCH FL 32963-1211**  
**US**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**23 CACHE CAY DR**

Suite, Apt. #, etc.

**3. Mailing Address**

**23 CACHE CAY DR.**

Suite, Apt. #, etc.

**City & State**

**VERO BEACH, FL**

**City & State**

**VERO BEACH, FL**

**4. FEI Number**

**59-2036297**

**Applied For**

**Not Applicable**

**Zip**

**32963**

**Country**

**INDIAN RIVER**

**Zip**

**32963**

**Country**

**INDIAN RIVER**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**PALMER, THOMAS C**  
**1037 MIAN ST.**  
**SEBASTIAN FL 32958**

**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, 2002 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**

<b>TITLE</b>	<b>PT</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>BOWSER, A. CARROLL</b>	
<b>STREET ADDRESS</b>	<b>49 CACHE WAY</b>	
<b>CITY-ST-ZIP</b>	<b>VERO BEACH FL</b>	
<b>TITLE</b>	<b>S</b>	<input checked="" type="checkbox"/> Delete
<b>NAME</b>	<b>BOWSER, LUCILLE</b>	
<b>STREET ADDRESS</b>	<b>49 CACHE WAY</b>	
<b>CITY-ST-ZIP</b>	<b>VERO BEACH FL</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

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

<b>TITLE</b>	<b>PT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>BOWSER A. CARROLL</b>	
<b>STREET ADDRESS</b>	<b>23 CACHE CAY DR.</b>	
<b>CITY-ST-ZIP</b>	<b>VERO BEACH, FL</b>	
<b>TITLE</b>	<b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>JOAN BOWSER</b>	
<b>STREET ADDRESS</b>	<b>23 CACHE CAY DR.</b>	
<b>CITY-ST-ZIP</b>	<b>VERO BEACH, FL 32963</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:**

*Carroll Bowser*  
**CARROLL BOWSER**  
**PRESIDENT**

**JAN 24, 2002** **561 231 0553**

**Date**

**Daytime Phone #**

CR2E034 (9/01)