

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90242 031 ***150.00

DOCUMENT # 689224

1. Entity Name
CARROLL DESIGNS, INC.



Principal Place of Business
23 CACHE CAY DRIVE
VERO BEACH FL 32963
US

Mailing Address
49 CACHE CAY DR
VERO BCH FL 32963-1211
US

20007969



2. Principal Place of Business

3. Mailing Address
23 CACHE CAY DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
VERO BEACH, FL

Zip

Country

Zip

Country

32963

US

4. FEI Number
59-2036297

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PALMER, THOMAS C
1037 MIAN ST.
SEBASTIAN FL 32958

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
BOWSER, A. CARROLL ☐ Delete
23 CACHE CAY DRIVE
VERO BEACH FL 32963

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BOSWER, JOAN ☐ Delete
23 CACHE CAY DRIVE
VERO BEACH FL 32963 **(SPELLING)**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BOWSER JOAN ☒ Change ☐ Addition
23 CACHE CAY DR
VERO BEACH, FL 32963

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Delete

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☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carroll Bowser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03

772-231-0553

Date

Daytime Phone #

CR2E034 (10/02)