

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 857372**

1. Entity Name

**CARBRO, INC.**

Principal Place of Business

**130 E. 25TH ST.  
HOPKINSVILLE KY 42240**

Mailing Address

**P. O. BOX 625  
HOPKINSVILLE KY 42240  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **61-6023973**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**KNUDSEN JR., ARTHUR K.  
1415 HENDRY ST  
FT. MYERS FL 33902**

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	PD	<input type="checkbox"/> Delete
NAME	KIRKPATRICK, CARLISLE III	
STREET ADDRESS	PO BOX 199	
CITY-ST-ZIP	GRACEY KY	

TITLE	VD	<input type="checkbox"/> Delete
NAME	YELTON, SANDERS	
STREET ADDRESS	805 LYNN DR	
CITY-ST-ZIP	LEXINGTON KY	

TITLE	STD	<input type="checkbox"/> Delete
NAME	KIRKPATRICK, JUDITH W.	
STREET ADDRESS	PO BOX 199	
CITY-ST-ZIP	GRACEY KY	

TITLE	VD	<input type="checkbox"/> Delete
NAME	KIRKPATRICK, CARLISLE IV	
STREET ADDRESS	73 EAST ELM #5C	
CITY-ST-ZIP	CHICAGO IL 60611	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6345 Birchwood Court	
CITY-ST-ZIP	Burlington, KY 41005	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

4/27/01

270-986-3936

Daytime Phone #

0602662

CR2E034 (10/00)