

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2000 08:00 AM**  
**Secretary of State**

**DOCUMENT # F41677**  
 1. Entity Name  
**CARELECTRIC, INC.**

Principal Place of Business 7540 BERKSHIRE PINES DRIVE NAPLES FL 34104	Mailing Address P O BOX 7462 NAPLES FL 34101
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 7540 BERKSHIRE PINES DRIVE Suite, Apt. #, etc.
City & State NAPLES FL	City & State NAPLES FL
Zip 34104	Country US

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2125908</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORR, FREDERICK J**  
**3615 BOCA CIEGA DR**  
**#202**  
**NAPLES FL 34112 US**

7. Name and Address of New Registered Agent

Name  
**CORR FREDERICK JPRES**  
 Street Address (P.O. Box Number is Not Acceptable)  
**7540 BERKSHIRE PINES DRIVE**  
 City  
**NAPLES FL** Zip Code  
**34104**

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 **FREDERICK J CORR** DATE **04/19/2000**  
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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, 2000 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CORR, FREDERICK J</b> <b>3615 BOCA CIEGA DR., #202</b> <b>NAPLES FL 34112</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CORR FREDERICK JP</b> <b>7540 BERKSHIRE PINES DRIVE</b> <b>NAPLES FL 34104</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **FREDERICK J CORR** DATE: **04/19/2000**