

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90796 001 ***300.00

0663666 AB

DOCUMENT # F94000001635

1. Entity Name
CARLYLE & CO. OF MONTGOMERY



Principal Place of Business
P.O. BOX 21768
GREENSBORO NC 27420-1768

Mailing Address
P.O. BOX 21768
GREENSBORO NC 27420-1768

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 56-1137865

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTELLI, WILLIAM
4041 SUNBEAM RD.
SUITE 1
JACKSONVILLE FL 32257

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 _____ (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 ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | COHEN, LAWRENCE M | |
| STREET ADDRESS | 4615 DUNDAS DR. | |
| CITY-ST-ZIP | GREENSBORO NC 27407 | |
| TITLE | VTD | <input type="checkbox"/> Delete |
| NAME | COHEN, JOHN K | |
| STREET ADDRESS | 4615 DUNDAS DR. | |
| CITY-ST-ZIP | GREENSBORO NC 27407 | |
| TITLE | VD | <input type="checkbox"/> Delete |
| NAME | COHEN, RUSSELL L | |
| STREET ADDRESS | 4615 DUNDAS DR. | |
| CITY-ST-ZIP | GREENSBORO NC 27407 | |
| TITLE | VSD | <input type="checkbox"/> Delete |
| NAME | BACKER, RICHARD I | |
| STREET ADDRESS | 4615 DUNDAS DR. | |
| CITY-ST-ZIP | GREENSBORO NC 27407 | |
| TITLE | VASD | <input type="checkbox"/> Delete |
| NAME | BERNSTEIN, MARTIN M | |
| STREET ADDRESS | 4615 DUNDAS DR. | |
| CITY-ST-ZIP | GREENSBORO NC 27407 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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

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: SIGNATURE REQUIRED John K Cohen 4/10/03 336-218-7268

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)