2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURI

FILED **DOCUMENT # G57829** Mar 04, 2000 8:00 am Secretary of State CAROLLA PATIO SHOP, INC. 03-04-2000 90013 041 ***150.00 Mailing Address Principal Place of Business 2932 N. ANDREWS AVENUE 2932 N. ANDREWS AVENUE FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 33311-2516 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2324437 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GRANT W HUCKER, JR Street Address (P.O. Box Number is Not Acceptable) 2932 N ANDREWS AVE FT LAUDERDALE FL 33311 Zip Code City 8. The above name SIGNATION FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition Change TITLE ☐ Delete TITLE HUCKER, GRANT W JR. NAME NAME 2932 NO. ANDREWS AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 00000 CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE HUCKER, GERALYN NAME NAME 2932 NO. ANDREWS AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 received or trustee empowered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the same decrease of the corporation or the received or trustee empowered to execute the greport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the same decrease of the corporation or the received or trustee empower of the corporation or the received or trustee empower of the corporation of the corporation