

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H15010

1. Entity Name
R.E. CARTER, INC.

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90038 040 ***550.00

Principal Place of Business

491 ZEPHYRWAY
JUNO BEACH FL 33408
US

Mailing Address

491 ZEPHYRWAY
JUNO BEACH FL 33408
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2484950

Applied For

Not Applicable

Zip

- Country

Zip

Country

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

CARTER, RAYMOND E
2510 SUNCOVE LANE
N PALM BCH FL 33410

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
PTD
CARTER, RAYMOND E.
491 ZEPHYRWAY
JUNO BEACH FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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CARTER, BARBRA J.
491 ZEPHYR WAY
JUNO BEACH FL ☐ Delete

TITLE
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☐ Change ☐ Addition

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:

RAYMOND E. CARTER
PRES.

7/28/00

Date

561-775-8067

Daytime Phone #

CR2E034 (5/00)