

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90073 038 \*\*\*150.00

**DOCUMENT # H42454**

1. Entity Name

CAROL HOMES, INC.

Principal Place of Business

1005 RIO ST JOHNS DRIVE  
 JACKSONVILLE FL 32211

Mailing Address

1005 RIO ST JOHNS DRIVE  
 JACKSONVILLE FL 32211

2. Principal Place of Business

1112 Rio St. JOHNS DR

Suite, Apt. #, etc.

3. Mailing Address

1112 Rio St. JOHNS DR

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FL

City & State

JACKSONVILLE FL

4. FEI Number

59-2499846

Applied For

Not Applicable

Zip

32211

Country

USA

Zip

32211

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

OLSON, JULIUS C.

1005 RIO ST JOHNS DRIVE

JACKSONVILLE FL 32211

7. Name and Address of New Registered Agent

Name

Olson, Julius C.

Street Address (P.O. Box Number is Not Acceptable)

1112 Rio St. JOHNS DR

City

JACKSONVILLE

FL

Zip Code

32211

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: J.C. Olson J.C. OLSON

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/28/02

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, 2002 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 ☐ Delete  
 NAME OLSON, JULIUS C.  
 STREET ADDRESS 1005 RIO ST JOHNS DRIVE  
 CITY-ST-ZIP JACKSONVILLE FL

TITLE SD ☐ Delete  
 NAME OLSON, CAROL J.  
 STREET ADDRESS 1005 RIO ST JOHNS DRIVE  
 CITY-ST-ZIP JACKSONVILLE FL

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 1112 Rio St JOHNS DR.  
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS 1112 Rio St JOHNS DR.  
 CITY-ST-ZIP

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

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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

J.C. Olson J.C. OLSON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/28/02 904-744-3185

Daytime Phone #

CR2E034 (9/01)