

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2000 8:00 am  
Secretary of State

04-17-2000 90099 001 \*\*\*150.00

DOCUMENT # H74513

1. Entity Name  
CAREN LUCAS, INC.

Principal Place of Business

HAVE CT  
FL 34788

Mailing Address

32321 HAVEN CT  
S100  
LEESBURG FL 34788-7235  
US

2. Principal Place of Business

10450 US Hwy 441  
Suite, Apt. #, etc.

City & State  
Leesburg, FL  
Zip  
34788  
Country  
Lake

3. Mailing Address

10450 US Hwy 441  
Suite, Apt. #, etc.

City & State  
Leesburg, FL  
Zip  
34788  
Country  
Lake



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2593139  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

LUCAS, CAREN M.  
32321 HAVEN CT  
S100  
LEESBURG FL 34788

7. Name and Address of New Registered Agent

Name Lucas, Caren M  
Street Address (P.O. Box Number is Not Acceptable)  
10450 US Hwy 441  
City Leesburg FL Zip Code 34788

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 CAREN LUCAS  
Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 4/11/00

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PST	LUCAS, CAREN M.	13646 DEVENSHIRE CT.	GRAND ISLAND FL	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
TITLE <td>NAME <td>STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td></td>	NAME <td>STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td></td>	STREET ADDRESS <td>CITY-ST-ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </td>	CITY-ST-ZIP <td><input type="checkbox"/></td> <td><input type="checkbox"/></td>	<input type="checkbox"/>	<input type="checkbox"/>
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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 all other like empowered.

SIGNATURE: CAREN LUCAS 4/11/00 352-343-7283  
Signature typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)