

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 07, 2003 8:00 am
Secretary of State

0018747 AV

DOCUMENT # H77427

1. Entity Name
CARTER-PRYOR GROVES, INC.

(Handwritten mark)



08-07-2003 90116 025 ***150.00

Principal Place of Business
**C/O CHARLES R. CARTER
519 ELEUTHERA LN
INDIAN HARBOUR BEACH FL 32937**

Mailing Address
**C/O CHARLES R. CARTER
519 ELEUTHERA LN
INDIAN HARBOUR BEACH FL 32937**



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 **59-2621584**

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

**CARTER, CHARLES R
519 ELEUTHERA LN
INDIAN HARBOUR BEACH FL 32937**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
CARTER, CHARLES R
519 ELEUTHERA LN
INDIAN HRBR BEACH FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
PRYOR, WILLIAM P
1255 PASADENA AVE SOUTH APT 1519
SAINT PETERSBURG FL 33707** ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
CARTER CHARLES R
519 ELEUTHERA LN
INDIAN HARBOUR Bch. FL 32937** ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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 affidavit of other like empowered.

SIGNATURE:

(Handwritten Signature) **REC. AGENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Handwritten Date) **Aug 4, 2003** **321-773-2134**
Date Daytime Phone #

CR2E034 (4/03)

Attachment

80136608
#H77427

519 Eleuthera Ln.
Indian Harbor Beach, FL
32937

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

SUBJECT: Late submission of Uniform Business Report.

This report is submitted late due to my stay in the hospital from February 22, 2003 until June 11, 2003. What normally would have been a routine surgery became very complicated due to the contraction of a very serious staph infection which is frequently fatal.

As I am the only active corporate officer, there was no one to complete or submit the Uniform Business Report.

This is a small grove corporation which has had declining income in the past few years. Last year's receipts totaled \$17,000.00 which did not cover grove expenses.

Enclosed is a check for \$150.00 for filing fee. Please waive the \$400.00 late filing fee.

Thank you,



C. R. Carter
President- Carter-Pryor Grove Corp.