

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90036 050 ***150.00

0372964

DOCUMENT # H92093

1. Entity Name
CAR-FONE, INC.

Principal Place of Business

**8159 ULMERTON RD
 LARGO FL 34771
 US**

Mailing Address

**8159 ULMERTON RD
 LARGO FL 34641**

2. Principal Place of Business

7500 ULMERTON RD

Suite, Apt. #, etc.

#17

3. Mailing Address

7500 ULMERTON RD

Suite, Apt. #, etc.

#17

City & State

LARGO, FL

City & State

LARGO FL

Zip

33771

Country

US

Zip

33771

Country

US

4. FEI Number **59-2760174**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**PARSONS, LUCI
 8159 ULMERTON ROAD
 LARGO FL 34771**

7. Name and Address of New Registered Agent

Name

JULIANNE QUINN

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

7500 ULMERTON RD

#17

City

LARGO

FL

Zip Code
33771

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

Luci Parsons

2-15-01

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 \$150.00
 After MAY 1, 2001 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 **D** ☐ Delete
 NAME **PARSONS, LUCI**
 STREET ADDRESS **8159 ULMERTON ROAD**
 CITY-ST-ZIP **LARGO FL**

TITLE **D** ☒ Delete
 NAME **PARSONS, JAY**
 STREET ADDRESS **8159 ULMERTON ROAD**
 CITY-ST-ZIP **LARGO FL**

TITLE **D** ☐ Delete
 NAME **QUINN, JULIANNE**
 STREET ADDRESS **8159 ULMERTON RD**
 CITY-ST-ZIP **LARGO FL 33771**

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 **PARSONS, LUCI**
 STREET ADDRESS **7500 ULMERTON RD #17**
 CITY-ST-ZIP **LARGO FL 33771**

TITLE ☐ Change ☒ Addition
 NAME **PAT WARREN**
 STREET ADDRESS **25 DOLPHIN TRL.**
 CITY-ST-ZIP **TREASURE ISLAND, FL**

TITLE ☒ Change ☐ Addition
 NAME **QUINN, JULIANNE**
 STREET ADDRESS **7500 ULMERTON RD**
 CITY-ST-ZIP **LARGO FL 33771**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Luci Parsons

LUCI PARSONS

2-15-01

727-525-9062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)