

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2002 8:00 am**  
**Secretary of State**

05-07-2002 90243 049 \*\*\*150.00

DOCUMENT # J15988

1. Entity Name

CARROUSEL OF SOUTH FLORIDA, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

696 BALD EAGLE DR.

Suite, Apt. #, etc.

3. Mailing Address

696 BALD EAGLE DR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MARCO ISLAND, FL

City & State

MARCO ISLAND, FL

4. FEI Number

59-2673802

Applied For

Not Applicable

Zip

34145

Country

USA

Zip

34145

Country

USA

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CAROLYN KENISON

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

696 BALD EAGLE DR.

City

MARCO ISLAND

FL

Zip Code

34145

**DO NOT WRITE  
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**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

AST  
CAROLYN KENISON  
696 BALD EAGLE DR  
MARCO ISLAND, FL 34145

TITLE

NAME

STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-02 941-394-4945