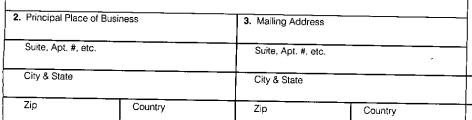
2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K54936 1. Entity Name CARTER LAW OFFICES, A PROFESSIONAL ASSOCIATION





Principal Place of Business 1200 N. FEDERAL HIGHWAY, SUITE 312 BOCA RATON FL 33432		Mailing Address 1200 N. FEDERAL HIGHN BOCA RATON FL 33432	1200 N. FEDERAL HIGHWAY, SUITE 312) (18718)(1 FEN DVIV BYBYB NAVER AVIOL DV	FI 8 181) 018 11 BYB) B18	(† 818)) Sisii (48)
2. Principal Place of Business		3. Mailing Address	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State		City & State	City & State		4. FEI Number 65-0091393 Applied For		Applied For
Zip	Country	Zip	Country	5.		\$8.75 A	Not Applicable
	6. Name and Address of C	Current Registered Agent	<u> </u>		<u></u>	Fee Requi	
			Name		Name and Address of New Regis	tered Agent	· · · · · · · · · · · · · · · · · · ·
Carter,	JOHN E						
1200 N. F	EDERAL HIGHWAY, SUITE 3	312	Street Address		(P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33432							
	\						
			City	´ FL		Zip Co	ode
8. The above	e named entity submits this state	ment for the purpose of changing its	registered office of	registered ag	lent or both in the State of Florida	 - 	
SIGNATURE	Signature, typed or printed name of register						
		1	E: Registered Agent signat	re required when re	einstating)	DATE	
Tax filing	oration is eligible to sationy its Interequirement and elects to do so ria on back)	After May 1, 20	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta		Election Campaign Financir Trust Fund Contribution.		00 May Be
11.	OFFICER:	S AND DIRECTORS	12.	AD	I DITIONS/CHANGES TO OFFICER	S AND DIRECTOR	20 101 11
TITLE	DO	☐ Delete	TITLE			□ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	Carter, John E 1200 N. Federal Highwa' Boca Raton Fl 33432	Y, SUITE 312	NAME STREET ADDRESS			Change	. Addition
	DOUGH RATUN FL 33432		CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE			☐ Change	Addition
STREET ADDRESS			NAME				
CITY-ST-ZIP			STREET ADDRESS				
TITLE			CITY-ST-ZIP				
NAME	ياندون داند الاراد المادان المادان المادان	☐ Delete	TITLE			☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		□ Duly-	-	_	_		
NAME		☐ Delete	TITLE NAME			☐ Change	☐ Addition
STREET ADDRESS			STREET ADDRESS		•		ĺ
CITY-ST-ZIP			CITY-ST-ZIP				1
TITLE		Delete	TITLE				
AME		La buille	NAME			☐ Change	☐ Addition
TREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP	 -		CITY-ST-ZIP]
ITLE		☐ Delete	TITLE				
AME			NAME			☐ Change	☐ Addition
TREET ADDRESS	•		STREET ADDRESS				
ITY-ST-ZIP			CITY-ST-ZIP				İ
3. I hereby ce indicated of the core	ertify that the information supplied on this report or supplemental rep	d with this filing does not qualify for toort is true and accurate and that my	he exemption state	d in Section 11	9.07(3)(i), Florida Statutes. I furthe	r certify that the in	nformation

of the corporation or the receipter 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-02-00 541-368-9900