

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**  
 05-06-2002 90276 005 \*\*\*150.00

**DOCUMENT # K60738**

1. Entity Name

HOUSEMAN-CARLYSLE GROUP, INC.

Principal Place of Business

4066 COACHMAN ROAD  
 MILTON FL 32583  
 US

Mailing Address

4066 COACHMAN ROAD  
 MILTON FL 32583  
 US

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

59-2924068

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HAMPTON, ROBERT C  
 4066 COACHMAN ROAD  
 MILTON FL 32583

7. Name and Address of New Registered Agent

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.

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 DP  
 NAME HAMPTON, ROBERT C.  
 STREET ADDRESS 4066 COACHMAN ROAD  
 CITY-ST-ZIP MILTON FL 32583 ☐ Delete

TITLE V  
 NAME LOCKE, ALEXANDER T  
 STREET ADDRESS 1200 SCENIC HIGHWAY, 6-9  
 CITY-ST-ZIP PENSACOLA FL 32503 ☐ Delete

TITLE ST  
 NAME HAMPTON, ELIZABETH A.  
 STREET ADDRESS 4066 COACHMAN RD  
 CITY-ST-ZIP MILTON FL 32583 ☐ Delete

TITLE D  
 NAME MOENY, WILLIAM S  
 STREET ADDRESS 12217 VIENNA  
 CITY-ST-ZIP ALBUQUERQUE NM 87111 ☐ Delete

TITLE D  
 NAME COLLINS, TIMOTHY H  
 STREET ADDRESS 5428 HOMESTEAD DR  
 CITY-ST-ZIP MILTON FL 32570 ☐ Delete **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 V  
 NAME Locke, Alexander T.  
 STREET ADDRESS 3700 Martin St.  
 CITY-ST-ZIP Pace, FL 32571 ☒ Change ☐ Addition

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

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

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

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

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:

*Elizabeth A. Hampton* **Elizabeth A. Hampton** 4/22/02 850-983-0034  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)