

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2000 8:00 am**  
**Secretary of State**

04-19-2000 90074 003 \*\*\*150.00

**DOCUMENT # K66017**

1. Entity Name  
**CAROLE JAMES, INC.**

Principal Place of Business <del>4901 PALM BEACH BLVD., 1-321</del> <b>FT. MYERS FL 33905</b>	Mailing Address <del>4901 PALM BEACH BLVD., 1-321</del> <b>FT. MYERS FL 33905-3252</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>4901-1 Palm Beach Blvd</b> Suite, Apt. #, etc. <b>PMB 321</b> City & State	3. Mailing Address <b>4901-1 Palm Beach Blvd</b> Suite, Apt. #, etc. <b>PMB 321</b> City & State		
Zip	Country	Zip	Country

4. FEI Number <b>59-2939678</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>BLAIR, LENARD</b> <del>4901 PALM BEACH BLVD., 1-321</del> <b>FT. MYERS FL 33905</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>PMB 321 4901-1 Palm Beach Blvd</b> City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BLAIR, DIANA 4901 PALM BEACH BLVD FT MYERS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.M.B. 321 4901-1 Palm Bch. Blvd. Ft. Myers, Fl. 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BLAIR, LENARD 4901 PALM BEACH BLVD. FT. MYERS FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.M.B. 321 4901-1 Palm Bch. Blvd. Ft. Myers, Fl. 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Blair, Diana Blair **7/12/2000** **941-694-0586**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)