

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90090 050 ***150.00

0384924

DOCUMENT # **K66017**

1. Entity Name
CAROLE JAMES, INC.

Principal Place of Business 4901 PALM BEACH BLVD PMB 231 FT. MYERS FL 33905	Mailing Address 4901 PALM BEACH BLVD PMB 231 FT. MYERS FL 33905
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601644



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>221 Kingston Dr</i> Suite, Apt. #, etc.	3. Mailing Address <i>221 Kingston Dr</i> Suite, Apt. #, etc.
City & State <i>Ft Myers FL</i>	City & State <i>Ft Myers FL</i>

4. FEI Number 59-2939678	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip <i>33905</i>	Country <i>USA</i>	Zip <i>33905</i>	Country <i>USA</i>
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
BLAIR, LENARD
4901 PALM BEACH BLVD
PMB 321
FT. MYERS FL 33905

7. Name and Address of New Registered Agent
 Name
Lenard Blair
 Street Address (P.O. Box Number is Not Acceptable)
221 Kingston Dr
 City
Ft Myers **FL** Zip Code
33905

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 *Lenard Blair* *LENARD BLAIR Director* *4/20/01*
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 NAME STREET ADDRESS CITY-ST-ZIP	DP BLAIR, DIANA 4901-1 PALM BCH BLVD PMB 321 <i>221 Kingston Dr</i> FORT MYERS FL 33905 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BLAIR, LENARD 4901-1 PALM BCH BLVD PMB 321 <i>221 Kingston Dr</i> FORT MYERS FL 33905 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>221 Kingston Dr</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>221 Kingston Dr</i>
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"/> Change <input type="checkbox"/> Addition
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"/> 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: *Niana Blair* *4/20/01* *941-694-0586*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)