

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90024 023 ***150.00

DOCUMENT # K70378

Entity Name

D & A CARTER PROPERTIES, INC.

Principal Place of Business

GERALD COMEAU
~~MAJESTIC COURT NORTH~~
~~NAPLES FL 33942~~

Mailing Address

% GERALD COMEAU
~~2204 MAJESTIC COURT NORTH~~
~~NAPLES FL 33942~~

714928



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21409 KNIGHTON Run

Suite, Apt. #, etc.

3. Mailing Address

21409 KNIGHTON Run

Suite, Apt. #, etc.

City & State

ESTERO, FLORIDA

City & State

ESTERO, FLORIDA

4. FEI Number

65-0174365

Applied For

Not Applicable

Zip

33928-3248

Country

USA

Zip

33928-3248

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GERALD COMEAU
~~2204 MAJESTIC COURT NORTH~~
~~NAPLES FL 33942~~

7. Name and Address of New Registered Agent

Name

SAME

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

21409 KNIGHTON Run

City

ESTERO

FL

Zip Code

33928-3248

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, 2000 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	PD	<input type="checkbox"/> Delete
NAME	CARTER, DONALD E.	
STREET ADDRESS	POB 718 - LOT 26 CON 10	
CITY-ST-ZIP	ERIN, ONT. CANADA	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CARTER, ANNE T.	
STREET ADDRESS	POB 718 - LOT 26 CON 10	
CITY-ST-ZIP	ERIN, ONT. CANADA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)