

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90083 021 ***150.00

DOCUMENT # K77499

1. Entity Name
CAROUSEL OF TITUSVILLE, INC.

Principal Place of Business

**373 CHENEY HWY
 TITUSVILLE FL 32780
 US**

Mailing Address

**1355 SO US 1
 ROCKLEDGE FL 32955
 US**

901930



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2941135**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOSTER, GEORGE M
 373 CHENEY HIGHWAY
 % CAROUSEL FLORIST
 TITUSVILLE FL 32780**

Name
FOSTER, GEO M.
 Street Address (P.O. Box Number is Not Acceptable)
~~5800 N BANANA RIVER BLVD #1111~~
 City **CAPE CANAVERAL** FL Zip Code **32920**

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) ☐

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **D**
 STREET ADDRESS **KEPPEN, STEVEN P.**
 CITY - ST - ZIP **5 FLORIDA AVE
 COCOA FL** ☐ Delete

TITLE
 NAME **KEPPEN, STEVEN P.** ☐ Change ☐ Addition
 STREET ADDRESS **11420 S. TROPICAL TR**
 CITY - ST - ZIP **MERRITT IS FL 32952**

TITLE
 NAME **D**
 STREET ADDRESS **FOSTER, GEORGE**
 CITY - ST - ZIP **5800 N BANANA RIVER BLVD
 CAPE CANAVERAL FL** ☐ Delete

TITLE
 NAME **FOSTER, GEO M** ☐ Change ☐ Addition
 STREET ADDRESS **5805 N. BANANA RIVER BLVD #1111**
 CITY - ST - ZIP **CAPE CANAVERAL FL 32920**

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP ☐ Delete

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

TITLE
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TITLE
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 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:

GEORGE M. FOSTER
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-01
 Date

321-636-7196
 Daytime Phone #

CR2E034 (10/00)