

2002 UNIFORM BUSINESS REPORT (UBR)

5/12/2002-90588-025-\$150.00-\$150.00
* 9/22/2002-90066-037-\$50.00-\$50.00

DOCUMENT # L01000006115

1. Entity Name

CARSON FAMILY, LLC

FILED

02 DEC -6 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
%FRANKLIN CARSON-TAMPA BAY MARINA CENTER %FRANKLIN CARSON-TAMPA BAY MARINA CENTER
205 S HOOVER ST. STE 305 205 S HOOVER ST. STE 305
TAMPA FL 33609 TAMPA FL 33609

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

59-3721457

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00

Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARSON, FRANKLIN

TAMPA BAY MARINA CENTER

205 S HOOVER ST. STE 305 402

TAMPA FL 33609

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
MANAGER	FRANKLIN W CARSON	205 S. HOOVER ST. STE 402	TAMPA, FL 33609	☐
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition
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TITLE <td>NAME</td> <td>STREET ADDRESS</td> <td>CITY-ST-ZIP</td> <td>☐ Change</td> <td>☐ Addition</td>	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change	☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/17/02

813-286-2006

Date

Daytime Phone #

CR2E083 (4/02)