

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90280 029 ***150.00

0105123 AV

DOCUMENT # L22759

1. Entity Name
CAREFREE ENTERPRISES, INC.



Principal Place of Business
~~75 DRENNAN RD.~~
ORLANDO FL 32806

Mailing Address
~~75 DRENNAN RD.~~
ORLANDO FL 32806



2. Principal Place of Business

6928 GIBALTAR RD.

Suite, Apt. #, etc.

ORLANDO

City & State

FL

Zip
32822

Country

3. Mailing Address

6928 GIBALTAR RD.

Suite, Apt. #, etc.

ORLANDO

City & State

FL

Zip
32822

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-2976489

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JAMES L. HUTSON
75 DRENNEN ROAD
ORLANDO FL 32806

7. Name and Address of New Registered Agent

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 **JUNE HUTSON, SEC.**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-23-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **HUTSON, JAMES L.**
STREET ADDRESS **75 DRENNEN RD.**
CITY-ST-ZIP **ORLANDO FL 32806**

TITLE **HUTSON, JUNE E.** ☐ Delete
NAME **SECRETARY**
STREET ADDRESS **6928 GIBALTAR RD.**
CITY-ST-ZIP **ORLANDO, FL 32822**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JUNE HUTSON, SEC.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-03

Date

407-855-3050

Daytime Phone #

CR2E034 (10/02)