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992 - 2633

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Aug 07, 2001 8:00 am Secretary of State L26166 DOCUMENT # 1. Entity Name COMEAU-CARTER INVESTMENT CORPORATION 08-07-2001 90013 010 ***550.00 Principal Place of Business Mailing Address 21409 KNIGHTON RUN 21409 KNIGHTON RUN ESTERO FL 33928-3248 ESTERO FL 33928-3248 114441 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0170549 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6._Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ---COMEAU, GERARD J. Street Address (P.O. Box Number is Not Acceptable) 21409 KNIGHTON RUN ESTERO FL 33928-3248 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition TITLE ☐ Delete TITLE ☐ `Change COMEAU, GERARD J NAME NAME 21409 KNIGHTON RUN STREET ADDRESS STREET ADDRESS ESTERO FL 33928-3248 City-St-ZiP CITY-ST-7IP Do not Delete TITLE Change TITLE Addition CARTER, ANNE T. NAME NAME LT 26 CONCESSION 10 #718 STREET ADDRESS STREET ADDRESS ERIN, ONTARIO, CANADA CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition COMEAU, EMILY J. NAME NAME 21409 KNIGHTON RUN STREET ADDRESS STREET ADDRESS ESTERO FL 33928-3248 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F Change Addition Delete Carter, Donald E NAME NAME LT 26 CONCESSION 10 #718 STREET ADDRESS STREET ADDRESS ERIN, ONTARIO, GANADA CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. If 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.