

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L26179

1. Entity Name

CARROLL . GRAHAM, INC.

FILED

May 31, 2000 8:00 am
Secretary of State

05-31-2000 90057 034 ***550.00

Principal Place of Business

6 SUNNINGDALE CIRCLE
WEST PALM BEACH FL 33401

Mailing Address

400 S. OCEAN BLVD.
215 E.
PALM BCH FL 33480-4420
US

2. Principal Place of Business

213 PARK AVE

3. Mailing Address

213 PARK AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BEACH

City & State

PALM BEACH

Zip

Country

33480 Palm Bch

Zip

Country

33480 Palm Bch

6. Name and Address of Current Registered Agent

WARD, PHILIP H. III
1555 PALM BEACH LAKES BLVD. SUITE 1000
WEST PALM BEACH FL 33401

Name

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

City

FL

Zip Code

4. FEI Number

65-0172259

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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 P ☐ Delete
NAME CARROLL, JAMES
STREET ADDRESS 400 SO. OCEAN BLVD., #215E
CITY-ST-ZIP PALM BCH FL

TITLE VT ☐ Delete
NAME GRAHAM, ANNE
STREET ADDRESS 6 SUNNINGDALE CIRCLE
CITY-ST-ZIP WEST PALM BCH. FL

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

12. 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
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ 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 #

5/19/00

561-624-1728

CR2E034 (9/99)