

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90047 027 ***158.75

DOCUMENT # L35416

1. Entity Name
CARNABY CORPORATION

Principal Place of Business
**8919-C THUMBWOOD CIRCLE
 BOYNTON BEACH FL 33436**

Mailing Address
**8919-C THUMBWOOD CIRCLE
 BOYNTON BEACH FL 33436**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
**6223 INDIAN FOREST CIRCLE
 SUITE, APT. #, ETC.
 LAKE WORTH, FL.**

3. Mailing Address
**6223 INDIAN FOREST CIRCLE
 SUITE, APT. #, ETC.
 LAKE WORTH, FL.**

4. FEI Number **65-0191564** Applied For
 Not Applicable

Zip **33463** Country **PALM BEACH**

Zip **33463** Country **PALM BEACH**

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

6. Name and Address of Current Registered Agent
**SPRINGER, JONI LYNN
 8919-C THUMBWOOD CIRCLE
 BOYNTON BEACH FL 33436**

7. Name and Address of New Registered Agent
 Name **SPRINGER, JONI LYNN**
 Street Address (P.O. Box Number is Not Acceptable)
6223 INDIAN FOREST CIRCLE
 City **LAKE WORTH** FL Zip Code **33463**

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]* **JONI LYNN SPRINGER** DATE **4/25/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SPRINGER, JONI LYNN 8919-C THUMBWOOD CIRCLE BOYNTON BEACH FL 33436	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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]* **JONI LYNN SPRINGER** DATE **4/25/2001** DAYTIME PHONE # **561-735-3258**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)