2001 UNIFORM BUSINESS REPORT (UBR)

Feb 02, 2001 8:00 am **DOCUMENT # L66350** Secretary of State 1. Entity Name CARROLLTON DEVELOPERS, INC. 02-02-2001 90275 020 ***150.00 Principal Place of Business Mailing Address % DONALD LEIKAM % DONALD LEIKAM 4013 W LINEBAUGH AVENUE 4013 W LINEBAUGH AVENUE TAMPA FL 33624 TAMPA FL 33624 3. Mailing Address 15404 CarrolHon Lane 2. Principal Place of Business 15404 Carroll Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3016129 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 1/Sborough Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEIKAM, DONALD Street Address (P.O. Box Number is Not Acceptable) 4013 W LINEBAUGH AVE TAMPA FL 33624 City 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. 1-26-2001 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and efects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ↑ Change CR2E034 (10/00) TITLE ☐ Defete TITLE 15404 Carrollton Lane Tampa, Florida 33624 Schange 15404 Carrollton Lane Tampa, Florida 33624 LEIKAM, DONALD NAME NAME STREET ADDRESS STREET ADDRESS 4013 W LINEBAUGH AVE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL DST TITLE ☐ Delete TITLE LEIKAM, CAROLE NAME NAME STREET ADDRESS STREET ADDRESS 4013 W LINEBAUGH AVE CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-200

113-969-2543

Daytime Phone #