## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## L82564 **DOCUMENT #**

1. Entity Name

## CARLITO CORPORATION



**FILED** Mar 24, 2003 8:00 am § Secretary of State

03-24-2003 90128 034 \*\*\*150.00

Sp. December 2	Principal Place 135 AVENIDA ST. AUGUSTI		135	Mailing Address 135 AVENIDA MENENDEZ ST. AUGUSTINE FL 32084						
City & State  Country  Country  Street Required of Status Desired  8. Remaind Address of Current Registered Agent  Name  - Name and Address of New Registered Agent  - Name and Address of New Registered Agent  - Name  - Name and Address of New Registered Agent  - Name  - Name  - Name  - Name  - Name  - Street Address (P.O. Sox Number is Not Acceptable)  - Street Address (P.O. Sox Number is Not Acceptable)  - City  - FL  - Zip Code  - Registered Agent, or both, in the State of Florida. I am familiar with, and the chigations of registered agent, or both, in the State of Florida. I am familiar with, and the chigations of registered agent, or both, in the State of Florida. I am familiar with, and the chigations of registered agent, or both, in the State of Florida. I am familiar with, and the chigations of registered agent, or both, in the State of Florida. I am familiar with, and the chigations of registered agent, or both, in the State of Florida. I am familiar with, and the chigations of registered agent, or both, in the State of Florida. I am familiar with, and the chigations of registered agent, or both, in the State of Florida. I am familiar with, and the chigations of registered agent, or both, in the State of Florida. I am familiar with, and the chigations of registered agent, or both, in the State of Florida. I am familiar with, and the chigations of registered agent, or both, in the State of Florida. I am familiar with, and the chigations of registered agent, or both, in the State of Florida. I am familiar with, and the chigations of registered agent, or both, in the State of Florida. I am familiar with, and the chigations of registered agent, or both, in the State of Florida.  - FILE NOW!!! FEE IS \$150.00  - After May 1, 2003 Fee will be \$550.00  - State Address (P.O. Sox Number is Not Acceptable)  - State Address (P.O. Sox Number is Not Acceptable	2. Principal Place of Business			3. Mailing Address			1 (884) 644 984 484 744 744 844 844 846 8		8/8/1 11 <b>6</b> 1/ <b>128</b> /	
Zip Country Zip Country 5. Certificate of Status Desired S8.75 Addition Florida.  S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Foo Required International Country 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 the obligations of registered agent.  SIGNATURE  Summer, host or interferore of inglatered agent and the reaction.  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS 11. ADDITIONS/GHANGES TO OFFICERS AND DIRECTORS IN THE NAME STREET ADDRESS 135 AVENIDA MENENDEZ  STRE	Suite, Apt. #, etc.			Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
Country   Zip   Country   Zip   Country   St. Certificate of Status Desired   \$8.75 Addition   \$8.75 Addit	City & State			City & State			50-2017449			
Section Companies of Current Registered Agent   Street Address of New Registered Agent	Zip	Country	Zip		Country	5.		\$8.75 Ad		
HOLBROOK, H. LEON 2301 INDEPENDENT SQ. ONE INDEPENDENT DR. JACKSONVILLE FL 32202  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent.  SIGNATURE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Cheek Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  THE NAME SIRET ADDRESS OFFI-SP  CONNELL, CARL WAYNE 135 AVENIDA MENENDEZ STRET ADDRESS OFFI-SP  THE NAME SIRET		6. Name and Addres	s of Current Register	ed Agent		7.	Name and Address of New Register	•	90	
2301 INDEPENDENT SO. ONE INDEPENDENT OR. JACKSONVILLE FL 32202  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 the obligations of registered agent.  SIGNATURE    Signature, typed or proted name of registered agent and the if applicable.   NOTE: Registered Agent segnature required when remaining   DATE    FILE NOW!!! FEE IS \$150.00     After May 1, 2003 Fee will be \$550.00     Make Check Payable to Florida Department of State     10.			৯ । বিজ্ঞান প্রস্তুপার করন		- Name					
ONE INDEPENDENT DR.  JACKSONVILLE FL 32202  City  FL Zip Code  6. 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 the obligations of registered agent.  SIGNATURE  Signature. Speed or printed name of registered agent and tole if applicable.  FILE NOW!!! FEE IS \$15.0.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN THE MANUE  SIREET ADDRESS  OITY-ST-ZIP  ITILE  Delete  TITLE  MANUE  SIREET ADDRESS  OITY-ST-ZIP  TITLE  Delete  TITLE  MANUE  SIREET ADDRESS  OITY-ST-ZIP  TITLE  MANUE  SIREET ADDRESS  OITY				Street Ad			ress (P.O. Box Number is Not Acceptable)			
ACKSONNILE FL 32202  City FL Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and the obligations of registered agent agent are use if applicable. INDIE: Registered Agent aligneare required when revealating)  PATE  FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITLE NAME CONNELL, CARL WAYNE 135 AVENIDA MENENDEZ CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIRET ADDRESS CI										
B. 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 the obligations of registered agent.  SIGNATURE    Signature   Signature, typed or printed name of registered agent and see it applicable.					City	<del></del>		<b>Z</b> ip Cod	le	
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE 135 AVENIDA MENENDEZ 135 AVENIDA MENENDE	8. The above the obligat	named entity submits this tions of registered agent.	statement for the purp	oose of changing its	registered office	or registered ag	_	_ ,	and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10.	SIGNATURE .		registered agent and title if app	olicable. (NOTE:	: Registered Agent sign	ature required when re	einstating) DA	TE.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	After	May 1, 2003 Fee will b	e \$550.00				9. Election Campaign Financing	_ \$5.0	0 May Be	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	10.	OFF	ICERS AND DIRECTO	RS	11.	AD	DDITIONS/CHANGES TO OFFICERS A	AND DIRECTOR	S IN 11	
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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: <