

2000 ANNUAL REPORT  
2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 MAY 16 AM 10:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L 94000000006

1. Entity Name **ANNUAL REPORT**  
**F. & M. CARSON INTERNATIONAL, L.C.**

Principal Place of Business Mailing Address  
**4501 YACHT HARBOR DR.**  
**NAPLES, FL 34112**

Did not receive  
pre-printed form

2. Principal Place of Business Suite, Apt. #, etc.  
Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-0486479** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARTER, JR, ARTHUR M.**  
**4501 YACHT HARBOR DR.**  
**NAPLES, FL 34112**

Name  
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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete  
NAME **MGR**  
STREET ADDRESS **CARTER, JR, ARTHUR M.**  
CITY-ST-ZIP **4501 YACHT HARBOR DR.**  
**NAPLES, FL 34112**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS **200003279302--6**  
CITY-ST-ZIP **-06/07/00--01010--021**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE ☐ Delete  
NAME **FUNG, ERIC C.**  
STREET ADDRESS **7515 - 184th ST.**  
CITY-ST-ZIP **FRESH MEADOWS, NY**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Arthur M. Carter Jr.**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

**5/9/00**  
Date

**(410) 849 2469**  
Daytime Phone #

CR2E083 (1/199)