

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2003 8:00 am
Secretary of State

05-27-2003 90168 034 ***150.00

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AV

DOCUMENT # M69875

1. Entity Name
CAROL CARR, INC.



Principal Place of Business
**C/O CAROL CARR
3567 NORTH 91ST STREET #5
LAKE PARK FL 33403**

Mailing Address
**C/O CAROL CARR
3567 NORTH 91ST STREET #5
LAKE PARK FL 33403**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0033895**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARR, CAROL
3567 NORTH 91ST STREET
#5
LAKE PARK FL 33403**

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
CARR, CAROL
3567 NORTH 91ST ST. #5
LAKE PARK FL** ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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

12. 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

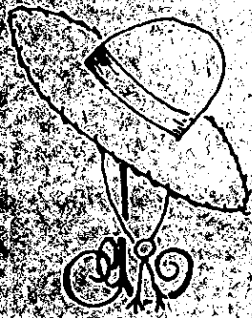
Daytime Phone #

CP2E034 (10/02)

Attachment

80121617

1169875



Carol Carr
Great Hats

5/20/03

DEAR SIR:

I AM ASKING FOR YOUR COMPASSION REGARDING THE 20 DAY DELAY IN MAILING THIS CHECK. I AM CURRENTLY RESPONSIBLE FOR THE CARE OF MY FATHER SINCE HE CAN NO LONGER CARE FOR HIMSELF AND HAVE BEEN INVOLVED IN TRYING TO APPLY FOR MEDICAID AND FIND A NURSING HOME THAT WILL ACCEPT HIM. I APPARENTLY MISFILED THIS BILL AND FOUND IT BY ACCIDENT YESTERDAY. PLEASE ACCEPT THIS PAYMENT.

RESPECTFULLY,

CAROL CARR

3567 North 91st Street, Suite 5 ☼ Lake Park, Florida 33403

(561) 626-8580 ☼ (561) 626-8954 fax