

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000008315

FILED
Apr 30, 2003
Secretary of State

Entity Name: PROJECT CHRISTMAS CARROLL, INC.

Current Principal Place of Business:

6525 FLORIDA AVENUE
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

6525 FLORIDA AVENUE
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 65-1062493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNETT, SHERRI
6525 FLORIDA STREET
PUNTA GORDA, FL 33952

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MILLS, ALETHA
Address: 614 BENNING COURT
City-St-Zip: PUNTA GORDA, FL 33950

Title: D () Delete
Name: STEPHENS, GLENDA
Address: POST OFFICE BOX 1224
City-St-Zip: WAUCHULA, FL 33873

Title: D () Delete
Name: BARLOW, JODI
Address: 2889 MERLE LANGFORD ROAD
City-St-Zip: ZOLFO SPRINGS, FL 33890

Title: STD () Delete
Name: BARNETT, SHERRI L
Address: 140 REVERE STREET
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: P/D () Delete
Name: WEST, DEBRA S
Address: 9210 ALAN BLVD.
City-St-Zip: PUNTA GORDA, FL 33982

Title: D () Delete
Name: FREEMAN, DONNA
Address: 11232 SW 164TH TERRACE
City-St-Zip: MIAMI, FL 33157

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHERRI L BARNETT

STD

04/30/2003

Electronic Signature of Signing Officer or Director

Date