

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000004559

1. Entity Name

CARTER CARE INC.

Principal Place of Business

2350 SCHALL CIRCLE
WEST PALM BEACH FL 33417

Mailing Address

2350 SCHALL CIRCLE
WEST PALM BEACH FL 33417

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
Mar 30, 2001 8:00 am
Secretary of State

03-30-2001 90333 049 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARTER, MARGIE
2350 SCHALL CIR
WEST PALM BEACH FL 33417

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	D MOORECROFT, MARY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5050 PALM HILL DR. #151	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE NAME	C CARTER, MARGIE	<input type="checkbox"/> Delete
STREET ADDRESS	2350 SCHALL CIR	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE NAME	ST CARTER, MERRIS A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5387 MENDOZA ST	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE NAME	T CARTER, TERRELL A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5387 MENDOZA ST	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	
TITLE NAME	T CARTER, TIMOTHY A	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2350 SCHALL CIR	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE NAME	T MUNROE, NATHAN	<input type="checkbox"/> Delete
STREET ADDRESS	1555 MARTIN LUTHER KING BLVD	
CITY-ST-ZIP	WEST PALM BEACH FL 33404	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	D Margie Carter	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2350 Schall Circle	
CITY-ST-ZIP	WPBch, Fla. 33411	
TITLE NAME	C Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	Sec Frances Reynolds	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2350 Schall Circle	
CITY-ST-ZIP	WPBch, Fla. 33417	
TITLE NAME	Theas. Alethia Monroe	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5684 Gramercy St.	
CITY-ST-ZIP	WPBch, Fla. 33407	
TITLE NAME	Trustee Alfred Y. Monroe	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5684 Gramercy St.	
CITY-ST-ZIP	WPBch, Fla. 33407	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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 617, 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 #

3/23/01 561-682-1711

CR2E037 (10/00)