

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 10, 2001 8:00 am**  
**Secretary of State**

08-10-2001 90003 047 \*\*\*150.00

<b>DOCUMENT # P00000012492</b>			
1. Entity Name <b>CARTER RODEO COMPANY</b>			
Principal Place of Business <b>1525 SHADY OAKS ROAD LAKE WALES FL 33853</b>		Mailing Address <b>1525 SHADY OAKS ROAD LAKE WALES FL 33853</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-3622720</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CARTER, JAMES E 1525 SHADY OAKS ROAD LAKE WALES FL 33853</b>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (See criteria on back)		<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
11. OFFICERS AND DIRECTORS			
TITLE	PSTV <input type="checkbox"/> Delete		
NAME	CARTER, JAMES E		
STREET ADDRESS	1525 SHADY OAKS ROAD		
CITY-ST-ZIP	LAKE WALES FL 33853		
TITLE	D <input type="checkbox"/> Delete		
NAME	CARTER, JAMES E		
STREET ADDRESS	1525 SHADY OAKS ROAD		
CITY-ST-ZIP	LAKE WALES FL 33853		
TITLE	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
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CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Jimmy Carter* **86-01 863-682-1162**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

Attachment  
#P0000012492  
A0080753

This is my first  
notice, after  
calling your office  
your personell told me  
To mail 150<sup>00</sup>

Jimmy C. K.