

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State
 04-19-2001 90081 021 ***150.00

DOCUMENT # P00000019900

1. Entity Name

EDWIN CARROLL PT SERVICES, INC.

Principal Place of Business

**LOT 7 BLKA SOUTHGATE
 BONIFAY FL 32425**

Mailing Address

**P.O. BOX 730
 BONIFAY FL 32425**

00001600



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3098 Southridge Ln.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Bonifay, FL

City & State

4. FEI Number

59-36265160

Applied For

Not Applicable

Zip

32425

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CARROLL, EDWIN
 LOT 7 BLKA SOUTHGATE
 BONIFAY FL 32425**

*Address
 change
 only*

7. Name and Address of New Registered Agent

Name

Edwin Carroll

Street Address (P.O. Box Number is Not Acceptable)

3098 Southridge Ln

City

Bonifay

FL

Zip Code

32425

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **CARROLL, EDWIN**
 STREET ADDRESS **P.O. BOX 730**
 CITY-ST-ZIP **BONIFAY FL 32425**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)