

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90111 009 ***150.00

DOCUMENT # P00000031648

1. Entity Name
CARR'S MARKETING INC.



Principal Place of Business
**2424 TAMPA BAY BLVD. WEST. BLDG. C-203
TAMPA FL 33607**

Mailing Address
**2424 TAMPA BAY BLVD. WEST. BLDG. C-203
TAMPA FL 33607**

2. Principal Place of Business
9569 W OPERA LN

3. Mailing Address
PO BOX 125

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
CRYSTAL RIVER, FL

City & State
CRYSTAL RIVER, FL

4. FEI Number
59-3633730

Applied For
Not Applicable

Zip
34429

Country
CITRUS

Zip
34423

Country
CITRUS

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, JAMES K
2424 TAMPA BAY BLVD. WEST, BLDG. C-203
TAMPA FL 33607**

Name

Street Address (P.O. Box Number is Not Acceptable)
9569 W OPERA LN

City
CRYSTAL RIVER

FL

34429

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 **D** ☐ Delete
NAME **CARR, JAMES K**
STREET ADDRESS **2424 TAMPA BAY BLVD. WEST, BLDG. C-203**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ Change ☐ Addition
NAME **9569 W OPERA LN**
STREET ADDRESS **CRYSTAL RIVER, FL 34429**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **CARR, PAMELA K**
STREET ADDRESS **2424 TAMPA BAY BLVD. WEST, BLDG. C-203**
CITY-ST-ZIP **TAMPA FL 33607**

TITLE ☐ Change ☐ Addition
NAME **9569 W OPERA LN**
STREET ADDRESS **CRYSTAL RIVER, FL 34429**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)