

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 02, 2001 8:00 am  
Secretary of State

04-02-2001 90305 032 \*\*\*150.00

DOCUMENT # P00000035323

1. Entity Name

CARIBBEAN HOME PRODUCTS, INC.

Principal Place of Business

171 HOOD AVE. #11  
TAVENIER FL 33070

Mailing Address

171 HOOD AVE. #11  
TAVENIER FL 33070

2. Principal Place of Business

10701 6th Ave. Gulf

3. Mailing Address

P. O. Box 501417

Suite, Apt. #, etc.

2-B

Suite, Apt. #, etc.

City & State  
Marathon, FL

City & State  
Marathon, FL

4. FEI Number

65-0997928

Applied For

Not Applicable

Zip  
33050

Country  
USA

Zip  
33050-1417

Country  
USA

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

NAGLE, WILLIAM S III  
171 HOOD AVE. #11  
TAVENIER FL 33070

Name

William S. Nagle, III

Street Address (P.O. Box Number is Not Acceptable)  
2000 Coco Plum Drive

City  
Marathon

FL

Zip Code  
33050

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

*William S. Nagle, III*

William S. Nagle, III, President

3/29/01

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P/T/S  
William S. Nagle, III  
P. O. Box 501417  
Marathon, FL 33050-1417 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

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:

*William S. Nagle, III*

William S. Nagle, III, President

3/29/01

305-731-4868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)