

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000050006

1. Entity Name  
CARRIBEAN CONSULTING, INC.

Principal Place of Business  
2817 LORRAINE AVE  
TAMPA FL 33614

Mailing Address  
2817 LORRAINE AVE  
TAMPA FL 33614

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 59-3643842

Applied For  
Not Applicable

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

HARTLAGE, LAUREN J  
2817 LORRAINE AVE  
TAMPA FL 33614

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. 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

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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  
D  
HARTLAGE, LAUREN J  
2817 LORRAINE AVE  
TAMPA FL 33614 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP ☐ Change ☐ Addition

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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 live empowered.

SIGNATURE:

*Lauren J Hartlage*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/02 813-269-5232  
Date Daytime Phone #

**FILED**  
**Jul 21, 2002 8:00 am**  
**Secretary of State**

07-21-2002 90013 049 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

0090152 AV

CR2E034 (4/02)

*Attachment*

BD130251

**Carribean Consulting Inc.  
2817 Lorraine Ave  
Tampa, FL 33614**

*#F0000050006*

Division Of Corporations  
Uniform Business  
Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

Dear Sir or Madam,  
I was out of the country on business when our initial filing notice was sent.  
It was inadvertantly discarded.I'm sending the filing fee of \$150 and hoping  
you will waive the late penalty.If not I wait your notification.

Sincerely

*Lauren J. Hartlage*  
Lauren J. Hartlage