

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000053149

FILED
Mar 03, 2003
Secretary of State

Entity Name: CA.RO.SUE, INC.

Current Principal Place of Business:

3782 DAVINIC CIRCLE
WEST PALM BEACH, FL 33417

New Principal Place of Business:

3782 DAVINIC CIRCLE
WEST PALM BEACH, FL 33417 US

Current Mailing Address:

3782 DAVINIC CIRCLE
WEST PALM BEACH, FL 33417

New Mailing Address:

3782 DAVINIC CIRCLE
WEST PALM BEACH, FL 33417 US

FEI Number: 65-1020064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPPIELLO, MICHAEL R
3782 DAVINIC CIRCLE
WEST PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAPPIELLO, MICHAEL R
Address: 3782 DAVINIC CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33417

Title: TD () Delete
Name: SCHLENER, SUSAN
Address: 85 ELGIN RD.
City-St-Zip: POCASSET, MA 02559

Title: D () Delete
Name: CAPPIELLO, ROBERT
Address: P.O. BOX 6296
City-St-Zip: LAKE WORTH, FL 33446

Title: D () Delete
Name: COTURE, CAROL
Address: 16 WABANKI
City-St-Zip: ANDOVER, MA 01810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CAPPIELLO, MICHAEL R
Address: 3782 DAVINIC CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: TD (X) Change () Addition
Name: SCHLENER, SUSAN C
Address: 55-6 COMMERCIAL WHARF
City-St-Zip: BOSTON, MA 02110 US

Title: D (X) Change () Addition
Name: CAPPIELLO, ROBERT M
Address: P.O. BOX 6296
City-St-Zip: LAKE WORTH, FL 33446 US

Title: D (X) Change () Addition
Name: COTURE, CAROL C
Address: 16 WABANKI
City-St-Zip: ANDOVER, MA 01810 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL R. CAPPIELLO

PD

03/03/2003

Electronic Signature of Signing Officer or Director

Date