

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90280 014 ***150.00

DOCUMENT # P00000059231

1. Entity Name
CAREYWOOD DESIGN GROUP, INC.

Principal Place of Business
1578 EL JOBEAN RD
PORT CHARLOTTE FL 33948

Mailing Address
1578 EL JOBEAN RD
PORT CHARLOTTE FL 33948

2. Principal Place of Business
100 SULLIVAN ST.

Suite, Apt. #, etc.
SUITE 112

City & State
PUNTA GORDA, FL

Zip Country
33950 U.S.A.

3. Mailing Address
100 SULLIVAN ST

Suite, Apt. #, etc.
SUITE 112

City & State
PUNTA GORDA, FL

Zip Country
33950 U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1019796

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

WANROY, D. JANE
1578 EL JOBEAN RD
PORT CHARLOTTE FL 33948

7. Name and Address of New Registered Agent

Name **WANROY, D. JANE (SAME)**
 Street Address (P.O. Box Number is Not Acceptable)
100 SULLIVAN ST.
SUITE 112
 City **PUNTA GORDA FL** Zip Code **33950**

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, 2002 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **WANROY, D. JANE**
 CITY-ST-ZIP **2902 GUADALUPE DR**
PUNTA GORDA FL 33950

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
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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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-02 941-505-2884

Date

Daytime Phone #

CR2E034 (9/01)