

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
May 12, 2003 8:00 am  
Secretary of State

05-12-2003 90205 028 \*\*\*150.00

DOCUMENT # P00000059714



1. Entity Name  
CARIBBEAN LADY INC.

Principal Place of Business

Mailing Address

~~30 ERICKSON PLACE~~  
PALM COAST FL 32164

30 ERICKSON PLACE  
PALM COAST FL 32164



2. Principal Place of Business

3. Mailing Address

1398 Cathedral Oak Dr

1398 Cathedral Oak Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Palm Bay

Palm Bay

City & State

City & State

FL

FL 3

Zip  
32907

Country  
Brevard

Zip  
32907

Country  
Brevard

4. FEI Number

59-3654081

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

ADDRESS change  
 CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAZZARD, CATHERINE A

~~30 ERICKSON PLACE~~  
~~PALM COAST FL 32164~~

1398 Cathedral Oak Dr  
Palm Bay, FL 32907

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

*Catherine A Hazzard*

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PSTD	HAZZARD, CATHERINE A	<del>30 ERICKSON PLACE</del>	<del>PALM COAST FL 32164</del>	<input type="checkbox"/>
VD	HAZZARD, JOHN R	<del>30 ERICKSON PLACE</del>	<del>PALM COAST FL 32164</del>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		1398 Cathedral Oak Dr	Palm Bay FL 32907	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		1398 Cathedral Oak Dr	Palm Bay, FL 32907	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 I am empowered.

SIGNATURE:

*Catherine A Hazzard*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-06-03 321-956-1555

Date

Daytime Phone #

CR2E034 (10/02)