


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



**ADDRESS change**  
 CHECK HERE IF MAKING CHANGES

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**

4. FEI Number      Applied For

**59-3654081**       Not Applicable

Zip      Country      Zip      Country

**32907**      **Brevard**      **32907**      **Brevard**

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

6. Name and Address of Current Registered Agent

**HAZZARD, CATHERINE A**  
**30 ERICKSON PLACE**  
**PALM COAST FL 32164**

**1398 Cathedral Oak Dr**  
**Palm Bay, FL 32907**

7. Name and Address of New Registered Agent

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      DATE

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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      5-06-03      321-956-1555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (10/02)