

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90027 042 ***150.00

DOCUMENT # P00000069531

1. Entity Name
CLIFFORD C CARR JR OF TOMS RIVER INC.

Principal Place of Business Mailing Address
~~3649 WOODLAKE DRIVE~~ *Correction* ~~3649 WOODLAKE DRIVE~~
~~BONITA SPRINGS FL 34134~~ *↓* ~~BONITA SPRINGS FL 34134~~

2. Principal Place of Business 3. Mailing Address
605 S/W 51ST TERRACE **605 S/W 51ST TERRACE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number Applied For
CAPE CORAL, Florida **CAPE CORAL, Florida** **22-2867485** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
33914 **LEE** **33914** **LEE**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
CARR, CLIFFORD C JR **\$ 150.00**
3649 WOODLAKE DRIVE **CR# 1122**
BONITA SPRINGS FL 34134
 Name **Clifford C. Carr Jr**
 Street Address (P.O. Box Number is Not Acceptable)
605 S/W 51ST TERRACE
 City **CAPE CORAL** FL Zip **33914**

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 *Clifford C. Carr Jr. President* **JAN. 5, 2001**
Signature, typed or printed name of registered agent and date, if applicable. (In the Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Clifford C. Carr Jr 605 S/W 51ST TERR Cape Coral, Florida 33914	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec - TRIAS JOAN M. CARR 605 S/W 51ST TERR Cape Coral, Florida 33914	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 my address, with an officer or director empowered.
 SIGNATURE: *Clifford C. Carr Jr. President* **JAN 5 2001** **941-540-2677**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **FAX 941-540-0664**

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE