

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000100223

1. Entity Name
CARSON REAL ESTATE ADVISORS, INC.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90099 038 ***150.00

Principal Place of Business
6150 SEQUOIA DRIVE
PORT ORANGE FL 32127

Mailing Address
6150 SEQUOIA DRIVE
PORT ORANGE FL 32127



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1326 So. Ridgewood Ave.
Suite, Apt. #, etc.
21

3. Mailing Address
Suite, Apt. #, etc.

City & State
Daytona Beach, FL
Zip
32114
Country
Volusia

City & State

4. FEI Number
59-3682788

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BROCK, JEFFREY P
444 SEABREEZE BLVD STE 900
DAYTONA BEACH FL 32118

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.

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, 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
Jeff Carson
1326 So. Ridgewood Ave, Ste. 21
Daytona Beach, FL 32114

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice-President
Lisa Carson
1326 So. Ridgewood Ave, Ste. 21
Daytona Beach, FL 32114

☐ Delete

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CITY-ST-ZIP
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeff Carson

Date

4/11/01

Daytime Phone #

904-761-8461

CR2E034 (10/00)