

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-06-2002 90099 040 ***150.00

DOCUMENT # P00000107207

1. Entity Name
CAROGA, INC.

Principal Place of Business

**7451 SE COUNTY RD 337
 MORRISTON FL 32668**

Mailing Address

**7451 SE COUNTY RD 337
 MORRISTON FL 32668**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

APPLIED FOR

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**TOBIN, RICHARD
 200 SE 18TH CT
 FT LAUDERDALE FL 33316**

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **D** ☐ Delete
 NAME: **CARLSON, CHRIS**
 STREET ADDRESS: **7451 SE COUNTY RD 337**
 CITY-ST-ZIP: **MORRISTON FL 32668**

TITLE: **Vice Pres.** ☒ Change ☐ Addition
 NAME: **Carlson, Chris**
 STREET ADDRESS: **7451 SE CR 337**
 CITY-ST-ZIP: **MORRISTON, FL. 32668**

TITLE: **D** ☒ Delete
 NAME: **BISCHOFF, GABRIELA**
 STREET ADDRESS: **7451 SE COUNTY RD 337**
 CITY-ST-ZIP: **MORRISTON FL 32668**

TITLE: **President** ☒ Change ☐ Addition
 NAME: **Gabriela Bischoff**
 STREET ADDRESS: **7451 SE CR 337**
 CITY-ST-ZIP: **MORRISTON, Florida 32668**

TITLE: **President** ☐ Delete
 NAME: **Bischoff, Gabriela**
 STREET ADDRESS: **7451 SE CR 337**
 CITY-ST-ZIP: **MORRISTON FL. 32668**

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

TITLE: ☐ Delete
 NAME: ☐ Delete
 STREET ADDRESS: ☐ Delete
 CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Change ☐ Addition
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 CITY-ST-ZIP: ☐ Delete

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

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

Date

Daytime Phone #

April 15 352 489-2328

CP2E034 (9/01)