

# 2002 UNIFORM BUSINESS REPORT (UBR)

2/1

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90084 010 \*\*\*150.00  
 03-25-2002 90102 022 \*\*\*\*\*8.75

**DOCUMENT # P01000029193**

1. Entity Name  
**DIVISION 15, INC.**

Principal Place of Business Mailing Address  
**6500 SW 7TH ST 6500 SW 7TH ST**  
**MARGATE FL 33068 MARGATE FL 33068**

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

**65-1086543**

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

**CARPENTER, CHERYL L**  
**6500 SW 7TH ST**  
**MARGATE FL 33068**

Name **DON R. CANHAM**

Street Address (P.O. Box Number is Not Acceptable)

**4500 SW 7TH ST.**

City **MARGATE**

FL

Zip Code **33068**

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 **DON R. CANHAM**

*Don R. Canham*

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	P	<input checked="" type="checkbox"/> Delete
NAME	<b>CARPENTER, CHERYL L</b>	
STREET ADDRESS	<b>6500 SW 7TH ST</b>	
CITY-ST-ZIP	<b>MARGATE FL 33068</b>	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	<b>CHERYL L. CARPENTER</b>	
STREET ADDRESS	<b>6500 SW 7TH STREET</b>	
CITY-ST-ZIP	<b>MARGATE FL 33068</b>	
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		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DON R. CANHAM</b>	
STREET ADDRESS	<b>4500 SW 7TH ST.</b>	
CITY-ST-ZIP	<b>MARGATE FL. 33068</b>	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DON R. CANHAM</b>	
STREET ADDRESS	<b>6500 SW 7TH STREET</b>	
CITY-ST-ZIP	<b>MARGATE, FL. 33068</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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Cheryl L. Carpenter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/27/02**

Date

Daytime Phone #

CR2034 (9/01)