

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT # P01000034108  
1. Entity Name  
**CONSULTING BY CARTER, INC.**

02 DEC -2 AM 8:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**1314 RADCLYFFE RD.**  
Suite, Apt. #, etc.

3. Mailing Address  
**537 SIXTH AVENUE**  
Suite, Apt. #, etc.

**REINSTATEMENT 02**  
DO NOT WRITE IN THIS SPACE

City & State  
**ORLANDO, FL**

City & State  
**HUNTINGTON, WV**

Zip  
**32804** Country

Zip  
**25701** Country

4. FEI Number  
**31-1777052**

Applied For  
 Not Applicable

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **DEBORAH CARTER**

Street Address (P.O. Box Number is Not Acceptable)  
**1314 RADCLYFFE RD.**

City **ORLANDO** FL Zip Code **32804**

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 *Deborah Carter By Kaitlyn Phillips, POA* DATE **11/25/02**

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT, WILLIAM C CARTER 1314 RADCLYFFE RD. ORLANDO, FL 32804</b>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>100008948151 11/13/02--01017--001 **750.00</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SECRETARY, DEBORAH CARTER 1314 RADCLYFFE RD. ORLANDO, FL 32804</b>	TITLE NAME STREET ADDRESS 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)(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 on an attachment with an address, with all other like or approved.

SIGNATURE: *[Signature]* DATE: **11/6/02** **407-425-1308**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)

*g 12/5*