182

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
02 OCT -3 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000054010

1. Entity Name
CARRIERE PROPERTY INC.

DO NOT WRITE IN THIS SPACE

000008340360--0
-10/11/02--01065--023
****550.00 ****550.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
103, N. MERIDIAN STREET	103, N. MERIDIAN STREET
Suite, Apt. #, etc.: LOWER LEVEL	Suite, Apt. #, etc.: LOWER LEVEL
City & State: TALLAHASSEE, FLORIDA	City & State: TALLAHASSEE, FLORIDA
Zip: FL 32304 Country: USA	Zip: FL 32301 Country: USA

4. FEI Number: 90-0022597 ☐ 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: CORP DIRECT AGENTS, INC.
Street Address (P.O. Box Number is Not Acceptable): 103, N. MERIDIAN STREET, LOWER LEVEL,
City: TALLAHASSEE FL Zip Code: 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required where indicated)

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	DP
NAME	MARTIN CHARLES PORTER
STREET ADDRESS	PO BOX 175, FRANCES HOUSE, SIR WILLIAM PLACE,
CITY-ST-ZIP	ST. PETER PORT, GUERNSEY GY1 4HQ
TITLE	DV
NAME	MARTYN ERIC RUSSELL
STREET ADDRESS	P.O. BOX 175, FRANCES HOUSE, SIR WILLIAM PLACE,
CITY-ST-ZIP	ST PETER PORT, GUERNSEY GY1 4HQ
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: MPP

Block 11 reads as follows:

DP
Martin Charles Porter
PO Box 175, Francis House
Sir William Place, St. Peter Port
Guernsey GY1 4HQ

DV
Martyn Eric Russell
PO Box 175, Francis House
Sir William Place, St. Peter Port
Guernsey GY1 4HQ