

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000054010

1. Entity Name  
CARRIERE PROPERTY, INC.



FILED

03 SEP -3 PM 4:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00000000



Principal Place of Business  
103 N MERIDIAN STREET LOWER LEVEL  
TALLAHASSEE FL 32301

Mailing Address  
103 N MERIDIAN STREET LOWER LEVEL  
TALLAHASSEE FL 32301

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 90-0022597

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPDIRECT AGENTS  
103 N MERIDIAN STREET LOWER LEVEL  
TALLAHASSEE FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP  
NAME PORTER, MARTIN C E  
STREET ADDRESS PO BOX 175, FRANCIS HOUSE SIR WILLIAM PLACE  
CITY-ST-ZIP ST. PETER PORT GUERNSEY GY1 4HQ

☐ Delete

TITLE DV  
NAME RUSSELL, MARTYN E F  
STREET ADDRESS PO BOX 175, FRANCIS HOUSE SIR WILLIAM PLACE  
CITY-ST-ZIP ST. PETER PORT GUERNSEY GY1 4HQ

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

12. 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 10 or Block 11, if changed, or on an attachment with an address, with a power like empowered.

SIGNATURE:

SIGNATURE REQUIRED DIRECTOR

25/07/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2034 (4/03)

Attachment

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**CARRIERE PROPERTY INC.**

55052054  
P01000054010

Division of Corporations,  
Uniform Business Report Filings,  
P.O. Box 1500,  
Tallahassee,  
FL 32302-1500.

25<sup>th</sup>. July 2003.

Dear Sirs,

We confirm that we did not receive an earlier return for completion and therefore enclose return and payment in the sum of USD150.00.

Yours faithfully,



Martin C Porter,  
Director.

CTX/JJD/1326872\_2

Attachment

293

**CATILLON PROPERTY INC.**

55052955  
PO1000054013

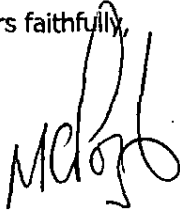
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Uniform Business Report Filings,  
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CTX/JJD/1326872\_1