

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90106 008 ***150.00

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DOCUMENT # P01000061931

1. Entity Name

CARLTON RESIDENCES INC.



Principal Place of Business

**2 NORTH TAMiami TRAIL
SUITE 210
SARASOTA FL 34236**

Mailing Address

**2 NORTH TAMiami TRAIL
SUITE 210
SARASOTA FL 34236**

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 **65-1115657**

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

**J. GEOFFREY PFLUGNER
C/O ICARD-MERRILL
2033 MAIN STREET #600
SARASOTA FL 34237**

7. Name and Address of New Registered Agent

Name **RON WOLF 90 ICORR**
Street Address (P.O. Box Number is Not Acceptable)
2 N. Tamiami Trail Ste. 210
City **Sarasota** FL Zip Code **34236**

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.

Bon H. Wolf

(NOTE: Registered Agent signature required when reinstating)

3/31/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **D** ☐ Delete
NAME **WOLF, NORTON**
STREET ADDRESS **2 NORTH TAMiami TRAIL #210**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Sec. Treasurer** ☐ Change ☒ Addition
NAME **RON WOLF**
STREET ADDRESS **2 N. Tamiami Trail Ste 210**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE **A.V.P.** ☐ Change ☒ Addition
NAME **Nancy L. Yates**
STREET ADDRESS **2 N. Tamiami Trail Ste 210**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE **AVP** ☐ Change ☒ Addition
NAME **Joan Hall**
STREET ADDRESS **700 Richmond St. Ste 410**
CITY-ST-ZIP **LONDON, ONTARIO CANADA N6A 5C7**

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

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

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

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 all other like empowered.

SIGNATURE: **X** **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/03

Date

941-954-2300

Daytime Phone #

CR2E034 (10/02)