

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000084431

1. Entity Name  
CARL AND ASSOCIATES, INC.



Principal Place of Business  
14029 MARTINIQUE ISLE DRIVE  
ORLANDO FL 32824

Mailing Address  
14029 MARTINIQUE ISLE DRIVE  
ORLANDO FL 32824

**FILED**  
**Jun 18, 2003 8:00 am**  
**Secretary of State**

06-18-2003 90020 032 \*\*\*550.00

0114882 AV



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3756720

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

INVERSON, DAVID  
3955 N FEDERAL HWY  
POMPANO BEACH FL 33064

Name **CARLOS ARIAS**

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

**14029 MARTINIQUE ISLE DR.**

City **ORLANDO**

**FL**

Zip Code  
**32824-5627**

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

**01/28/03**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**ARIAS, CARLOS**  
**3955 N FEDERAL HWY**  
**POMPANO BEACH FL 33064** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**ARIAS, CARLOS**  
**14029 MARTINIQUE ISLE DR.**  
**ORLANDO FL 32824-5627** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**BERMUDEZ, CARMEN MARIA**  
**3955 N FEDERAL HWY**  
**POMPANO BEACH FL 33064** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D**  
**BERMUDEZ, CARMEN MARIA**  
**14029 MARTINIQUE ISLE DR.**  
**ORLANDO FL 32824-5627** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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CITY-ST-ZIP  
☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/28/03**

Date

**407-816-8046**

Daytime Phone #

CR2E034 (10/02)