

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 13, 2003 8:00 am**  
**Secretary of State**

01-13-2003 90348 027 \*\*\*150.00

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DOCUMENT # P01000085625

1. Entity Name

CARSON ESTATE JEWELERS, INC.



Principal Place of Business

C/O BLAKESBERG & COMPANY CPA'S

951 SW 4TH AVE

BOCA RATON FL 33432-5803

Mailing Address

C/O BLAKESBERG & COMPANY CPA'S

951 SW 4TH AVE

BOCA RATON FL 33432-5803



2. Principal Place of Business

C/O CHARLES M CARSON

3. Mailing Address

C/O BLAKESBERG & COMPANY CPA'S

Suite, Apt. #, etc.

9900 W. SAMPLE RD - STE 300

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

CORAL SPRINGS FL

City & State

4. FEI Number

65-1139011

Applied For

Not Applicable

Zip

33065-4048

Country

USA

Zip

Country

USA

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

BLAKESBERG, WILLIAM J

951 SW 4TH AVE

BOCA RATON FL 33432-5803

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 \$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 PD  
NAME CARSON, CHARLES ☐ Delete  
STREET ADDRESS 17135 RYAN LANE  
CITY-ST-ZIP BOCA RATON FL 33496

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 9900 W SAMPLE RD - STE 300  
CITY-ST-ZIP CORAL SPRINGS FL 33065-4048

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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:

SIGNATURE REQUIRED  
CHARLES CARSON  
PRESIDENT

Date

Daytime Phone #

CP2E034 (10/02)