2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

P01000086194 DOCUMENT

1. Entity Name

CARLOANSOK INC.

Principal Place of Business

Mailing Address

12800 INDIAN ROCKS ROAD SUITE 3 LARGO FL 33774

12800 INDIAN ROCKS ROAD SUITE 3 LARGO FL 33774

2. Principal Place of Business 3.		. Mailing Address			DITE ODSIN BRIDS (GILD PICTE SIDIO IBICI OVAT INDI	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES	
City & State		City & State		4. FEI Number 59-2931594	Applied For Not Applicable	
Zip	Country	Zip	Country	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		
CERADD EDIC C			Name	Name		
GERARD, ERIC S 12800 INDIAN ROCKS ROAD, SUITE 3			Street Add	Street Address (P.O. Box Number is Not Acceptable)		
LARGO FI	L 33774					
. War			City	City FL Zip Code		
	named entity submits this statement for the ions of registered agent.	e purpose of changing its re	egistered office or re	egistered agent, or both, in the State of FI	orida. I am familiar with, and accept	
SIGNATURE .						
` <u>.</u>	Signature, typed or printed name of registered agent and ti	tte if applicable. (NOTE: I	Registered Agent signature	e 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 Fi Trust Fund Contribution	_ _	
10. OFFICERS AND DIRECTORS 11.			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRES	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME	GERARD, DARREL PRES.		NAME			
STREET ADDRESS	3676 PEACH STREET		STREET ADDRESS		\	
CITY-ST-ZIP	SALT LAKE CITY UT 84109		CITY-ST-ZIP	·		
TITLE	CEO	☐ Delete	TITLE		☐ Change ☐ Addition	

GERARD, ERIC S CEO 2308 SETON LANE STREET ADDRESS STREET ADDRESS LARGO FL 33774 -CITY-ST-ZIP CITY-ST-ZIP C00 ☐ Delete Change ☐ Addition TITLE TITLE NAME MARRA, SEAN COO NAME 7124 - 3RD AVENUE S. STREET ADDRESS STREET ADDRESS ST. PETERSBURG FL 33707 CITY-ST-7IP CITY-ST-ZIP TITLE Change TITLE ☐ Detete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FILED

Apr 17, 2003 8:00 am Secretary of State

04-17-2003 90639 019 ***158.75