

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-30-2003 90127 034 \*\*\*150.00

0495156 AV

**DOCUMENT #** P01000103211

**1. Entity Name**  
YVONNE CARR, INC.



**Principal Place of Business**  
469 JEWEL CT. APT 2  
BELLEAIR BLUFFS FL 33770

**Mailing Address**  
469 JEWEL CT. APT 2  
BELLEAIR BLUFFS FL 33770

**2. Principal Place of Business**

7200 Ulmerton Rd

**3. Mailing Address**

7200 Ulmerton Rd

Suite, Apt. #, etc.

B1

Suite, Apt. #, etc.

B1

City & State

Largo Florida

City & State

Largo, Florida

Zip

33771

Country

USA

Zip

33771

Country

USA

☐ CHECK HERE IF MAKING CHANGES

**4. FEI Number**

59-3757627

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CARR, YVONNE M  
469 JEWEL CT, APT 2  
BELLEAIR BLUFFS FL 33770

*New Address*  
7200 Ulmerton Rd  
B1  
Largo, FL 33771

**7. Name and Address of New Registered Agent**

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**

TITLE	D	<input type="checkbox"/> Delete
NAME	CARR, YVONNE M	
STREET ADDRESS	469 JEWEL CT, APT 2	
CITY-ST-ZIP	BELLEAIR BLUFFS FL 33770	
TITLE	D	<input type="checkbox"/> Delete
NAME	YVONNE CARR	
STREET ADDRESS	7200 Ulmerton Rd B1	
CITY-ST-ZIP	LARGO FL 33771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 information empowered.**

**SIGNATURE:**

*Yvonne Carr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*April 27/03* 727 541 0323  
Date Daytime Phone #

CR2E034 (10/02)