

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2002 8:00 am
Secretary of State

01-24-2002 90204 030 ***158.75

DOCUMENT # P01000105183

1. Entity Name

CARDS BE ME, INC.

Principal Place of Business

**11609 BRANCH MOORING DRIVE
TAMPA FL 33635**

Mailing Address

**11609 BRANCH MOORING DRIVE
TAMPA FL 33635**

2. Principal Place of Business

14813 LYNN-TURNER ROAD

Suite, Apt. #, etc.

3. Mailing Address

14813 LYNN-TURNER ROAD

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

4. FEI Number

59-3759913

Applied For

☐ Not Applicable

Zip

33624

Country

USA

Zip

33624

Country

USA

5. Certificate of Status Desired ☒

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BOOZER, ROBERT E JR.
11609 BRANCH MOORING DRIVE
TAMPA FL 33635**

7. Name and Address of New Registered Agent

Name

BOOZER, ROBERT E. JR.

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

14813 LYNN-TURNER ROAD

City

TAMPA

FL

Zip Code

33624

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.

SIGNATURE

Robert E. Boozer Jr.

ROBERT E. BOOZER, JR.

1-9-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **BOOZER, ROBERT E JR.**
STREET ADDRESS **11609 BRANCH MOORING DRIVE**
CITY-ST-ZIP **TAMPA FL 33635**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT & CEO** ☒ Change ☐ Addition
NAME **BOOZER, ROBERT E. JR.**
STREET ADDRESS **14813 LYNN-TURNER ROAD**
CITY-ST-ZIP **TAMPA FL 33624**

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

TITLE ☐ Change ☐ Addition
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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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert E. Boozer Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT E. BOOZER, JR.

1-9-02

Date

813-964-5333

Daytime Phone #

CR2E034 (9/01)