

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 04, 2003 8:00 am**  
**Secretary of State**

09-04-2003 90069 023 \*\*\*150.00

0120533 AT

**DOCUMENT # P01000110630**

1. Entity Name  
**R. CARLTON ENTERPRISES, INC.**



Principal Place of Business

**RT 3 BOX 529 F**

**STARKE FL 32091**

**1200 NORTH C.R. 315**  
**MELROSE FL. 32666**

Mailing Address

**RT 3 BOX 529 F**

**STARKE FL 32091**

**1200 NORTH C.R. 315**  
**MELROSE FL. 32666**

2. Principal Place of Business

**1200 NORTH C.R. 315**

3. Mailing Address

**1200 NORTH C.R. 315**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MELROSE FL.**

City & State

**MELROSE FL**

Zip

**32666**

Country

**FLORIDA**

Zip

**32666**

Country

**FLORIDA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CAMERON, RONNIE C**

**10709 S.E. 49TH AVE.**

**STARKE FL 32091**

**1200 NORTH C.R. 315**  
**MELROSE FL. 32666**

7. Name and Address of New Registered Agent

Name

**CAMERON, RONNIE C.**

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

**1200 NORTH C.R. 315**

**FL**

City

**MELROSE**

FL

Zip Code

**32666**

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 \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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	<input type="checkbox"/> Delete
NAME	<b>D CAMERON, RONNIE C</b>
STREET ADDRESS	<b>RT 3 BOX 529 F</b>
CITY-ST-ZIP	<b>STARKE FL 32091</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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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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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 like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**8/12/03 386-659-2892**  
Daytime Phone # **TEMPORARY**

CR2E034 (4/03)

*Attachment*

80143928  
# P01000110630

August 20, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL. 32302-1500

*To Whom It May Concern:*

*We have moved and did not receive our 2003 Uniform Business Report. I called the phone number to let you know we moved on June 19, but could not get a person, and did not hear any option to change the address of the corporation.*

*Our new address is: R. Carlton Enterprises, Inc.  
C/O Ronnie Cameron  
1200 North County Road 315  
Melrose, FL. 32666*

*Our personal phone # is: 386-659-2892. Business lines are not completed being connected and won't be in place for perhaps another month.*

*Due to the fact that we did not receive the report, I am enclosing a check for 150.00 and asking that you remove the late fee.*

*Sincerely,*

*Ronnie Cameron*

Ronnie Cameron, President  
R. Carlton Enterprises, Inc.