

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90826 042 \*\*\*150.00

**DOCUMENT #** P02000001584

**1. Entity Name**  
**SHARP CARTS, INC.**



**Principal Place of Business**  
118 WEST ORANGE STREET  
ALTAMONTE SPRINGS FL 32714

**Mailing Address**  
118 WEST ORANGE STREET  
ALTAMONTE SPRINGS FL 32714

**2. Principal Place of Business**

2573 N. Forsyth Rd

**3. Mailing Address**

2573 N. Forsyth Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste. J.

Ste. J.

City & State

City & State

Orlando FL

Orlando FL

Zip

Country

32807

U.S.

Zip

Country

32807

U.S.

**4. FEI Number**

59-3276309

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐

**\$8.75 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

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

Name **Searcy Chipman**

Street Address (P.O. Box Number is Not Acceptable)  
**3910 Stonehaven Rd**

City **Orlando**

FL

Zip Code

**32817**

**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**

*Searcy Chipman* **Searcy Chipman**

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** **PSTD** ☐ Delete  
**NAME** **CHIPMAN, SEARCY**  
**STREET ADDRESS** **118 WEST ORANGE STREET**  
**CITY-ST-ZIP** **ALTAMONTE SPRINGS FL 32714**

☒ Change ☐ Addition  
**TITLE**  
**NAME**  
**STREET ADDRESS** **3910 Stonehaven Rd**  
**CITY-ST-ZIP** **Orlando, FL 32817**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

☐ Change ☐ Addition  
**TITLE**  
**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:** *Searcy Chipman* **Searcy Chipman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**800-772-4223**

CR2E034 (10/02)