

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

FILED
Apr 14, 2003 8:00 am
Secretary of State

0091196 AV

04-14-2003 90395 037 ***150.00

DOCUMENT # P02000003840



1. Entity Name
CARTMILL EQUIPMENT, INC.

Principal Place of Business
2493 HWY 478
WEBSTER FL 33597

Mailing Address
P.O. BOX 1763
TAVARES FL 32778



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
02-0539504

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARTMILL, JAMES B
30941 FAIRVIEW AVE.
TAVARES FL 32778

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 _____ (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 PS Delete
NAME **CARTMILL, JAMES B**
STREET ADDRESS **30941 FAIRVIEW AVE.**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD Delete
NAME **CARTMILL, KRISTIN C**
STREET ADDRESS **30941 FAIRVIEW AVE.**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
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CITY-ST-ZIP

TITLE Change 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]* **SIGNATURE REQUIRED CARTMILL** Date 4/10/03 Daytime Phone # 352-307-3828

CR2E034 (10/02)