

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 16, 2003 8:00 am
Secretary of State

07-16-2003 90046 015 ***550.00

0157637 FP

DOCUMENT # P02000020446

1. Entity Name
STEVEN P CARR, INC.



Principal Place of Business
**6940 LONGBOAT DR SOUTH
LONGBOAT FL 34228**

Mailing Address
**6940 LONGBOAT DR SOUTH
LONGBOAT FL 34228**



2. Principal Place of Business
664 Lyons Lane
Suite, Apt. #, etc.

3. Mailing Address
664 Lyons Lane
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State
Longboat Key FL
Zip
34228

City & State
Longboat Key FL
Zip
34228

4. Fee Number
05-0685870

Applied For
Not Applicable

Country
USA

Country
USA

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

6. Name and Address of Current Registered Agent

**CARR, STEVEN P
6940 LONGBOAT DR SOUTH
LONGBOAT FL 34228**

7. Name and Address of New Registered Agent

Name
CARR STEVEN P
Street Address (P.O. Box Number is Not Acceptable)
664 Lyons Lane
City
Longboat Key FL Zip Code
34228

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 **STEVE CARR**

[Signature]

7-14-2003

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARR, STEVEN P 6940 LONGBOAT DR SOUTH LONGBOAT FL 34228	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARR, STEVEN P 664 Lyons Lane Longboat Key FL 34228	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 OF STEVEN P CARR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-2003

941-383-4093

Date Daytime Phone #

CR2E034 (4/03)