

FILED  
May 22, 2003 8:00 am  
Secretary of State

04-28-2003 91498 016 \*\*\*150.00

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

DOCUMENT # P02000032997

1. Entity Name  
CHIC-E-BABIES PRODUCTION, INC.



Principal Place of Business  
402 NE 19TH PLACE  
CAPE CORAL FL 33909

Mailing Address  
PO BOX 311, MAILBOX ETC  
4085 HANCOCK BRIDGE PKWY SUITE 111  
N FT MYERS FL 33903



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

04-3626807

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARR, RODNEY A  
402 NE 19TH PLACE  
CAPE CORAL FL 33909

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 Rodney A. Carr

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-03

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 D  
NAME CARR, RODNEY A  
STREET ADDRESS 402 NE 19TH PLACE  
CITY-ST-ZIP CAPE CORAL FL 33909 ☐ Delete

TITLE PRESIDENT  
NAME Rodney A Carr  
STREET ADDRESS 402 NE 19TH PLACE  
CITY-ST-ZIP CAPE CORAL FL 33909 ☒ Change ☐ Addition

TITLE D  
NAME CARR, DEBRA D  
STREET ADDRESS 402 NE 19TH PLACE  
CITY-ST-ZIP CAPE CORAL FL 33909 ☐ Delete

TITLE TREASURER  
NAME Debra D. Carr  
STREET ADDRESS 402 NE 19TH PLACE  
CITY-ST-ZIP CAPE CORAL FL 33909 ☒ Change ☐ Addition

TITLE D  
NAME CARR, ANDAMIO  
STREET ADDRESS 9100 CYPRESS DR S  
CITY-ST-ZIP FT MYERS FL 33912 ☐ Delete

TITLE VICE PRESIDENT  
NAME Andamio Carr  
STREET ADDRESS 9100 CYPRESS DR. South  
CITY-ST-ZIP Fort Myers FL 33912 ☒ Change ☐ Addition

TITLE D  
NAME CARR, LISA N  
STREET ADDRESS 9100 CYPRESS DR S  
CITY-ST-ZIP FT MYERS FL 33912 ☐ Delete

TITLE SECRETARY  
NAME Lisa N. Carr  
STREET ADDRESS 9100 CYPRESS DR. South  
CITY-ST-ZIP Fort Myers FL 33912 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 A. Carr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-03

Date

Daytime Phone #

CR2E034 (10/02)