## 2003 FOR PROFIT CORPORATION

## UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #**

## P02000040379

Feb 28, 2003 8:00 am Secretary of State

**FILED** 

CARLTC	ON INTERNATIONAL CORP.	7		02-28-2003 90125 046 ***150.00
Principal Pla 5610 TERRA LUTZ FL 335	ace of Business NIN DE GOLF DRIVE 549	Mailing Address 5610 TERRAIN DE GOLF LUTZ FL 33549	DRIVE	
2. Principal	Place of Business	3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES
City & Sta		City & State		4. FEI Number 3 - 3084439 Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired
<u> </u>	<ol><li>Name and Address of Current F</li></ol>	legistered Agent	·	7. Name and Address of New Registered Agent
GREENE,	, Elliot	,	Name	
3405 NW 9 AVENUE			Street Addre	ss (P.O. Box Number is Not Acceptable)
#1201 FT. LAUD	DERDALE FL 33309		City	
8. The above	e named entity submits this statement for	the purpose of changing its	City	FL Zip Code stered agent, or both, in the State of Florida. I am familiar with, and accept
the obligation of the street s				screed agent, or both, in the state of Florida. I am familiar with, and accept
	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE	: Registered Agent signature requ	ulred when reinstating) DATE
Afte Make Chec	FILE NOW!!! FEE IS \$150.00 or May 1,,2003 Fee will be \$550.00 k Payable to Florida Department of \$	State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees
10.	OFFICERS AND D	RECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLARKE, SYLVIA 5610 TERRAIN DE GOLF DRIVE LUTZ FL 33549	□ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: