

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

DOCUMENT # **P02000043781**

1. Entity Name
CAROL FITZGERALD GROUP, INC.



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

05-16-2003 90176 019 ***150.00

0538783 AV

Principal Place of Business
**4099 TAMiami TRAIL NORTH
SUITE 305
NAPLES FL 34103**

Mailing Address
**4099 TAMiami TRAIL NORTH
SUITE 305
NAPLES FL 34103**



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

71-0880813

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

**MCCAFFREY, JUDITH E
5811 PELICAN BAY BOULEVARD
SUITE 208-A
NAPLES FL 34108**

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**President, Secretary, Treasurer
Carol Fitzgerald
4099 Tamiami Trail North Ste. 305**

☐ Delete
Director

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Naples, FL 34103

☐ Delete

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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:

Carol Fitzgerald
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/1/03

Daytime Phone #

239-262-3034

CR2E034 (10/02)

Attachment

80119332
#PO000043781

Carol Fitzgerald

May 9, 2003

Division of Corporations
Uniform Business Report Filings
P.O.Box 1500
Tallahassee, Florida 32302-1500

Dear Officials:

Per telephone conversation, please accept the following explanation as reason for this tardy payment:

On March 27th, my husband, William, underwent a major 8 hour, cancer surgery in Boston. We were in Boston for 2 weeks at that time. We had to return to Boston on April 28 for a 4 week follow-up and stayed about 5 days. Upon our return home from that trip, Bill, began a 6 week program of daily radiation. His recovery has been slow as all of this has been hard on him, and hard on me as *Nurse*.

As a result of the above, I neglected to address much of my mail, one document being the corporation fee to the State of Florida for *Carol Fitzgerald Group, Inc.*

At this time, and per telephone recommendation with your office, please accept my annual fee of \$150.00.

Thank you very much.

Sincerely,


Carol Fitzgerald