

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

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

05-16-2003 90176 019 ***150.00

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DOCUMENT # **P02000043781**



1. Entity Name
CAROL FITZGERALD GROUP, INC.

Principal Place of Business 4099 TAMiami TRAIL NORTH SUITE 305 NAPLES FL 34103	Mailing Address 4099 TAMiami TRAIL NORTH SUITE 305 NAPLES FL 34103
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **71-0880813** Applied For
Not Applicable

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

**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 Naples, FL 34103	<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		<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: **Carol Fitzgerald**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/03 **239-262-3034**
Date Daytime Phone #

CR2E034 (10/02)

Attachment

80119332
#POB010043781

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:

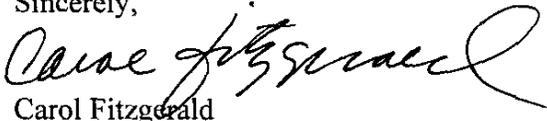
On March 27th, my husband, William, underwent a major 8 hour, cancer surgery in Boston. We were in Boston for 2 weeks at that time. We had to return to Boston on April 28 for a 4 week follow-up and stayed about 5 days. Upon our return home from that trip, Bill, began a 6 week program of daily radiation.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