

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

DOCUMENT # P02000089227

1. Entity Name
CAROL ANNE WRITES INC.



Principal Place of Business
3300 CHURCH HILL
BOYNTON BEACH FL 33435

Mailing Address
3300 CHURCH HILL
BOYNTON BEACH FL 33435

FILED

03 OCT 15 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 03
CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For
Not Applicable

Zip

Country

Zip

Country

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

BURGER, CAROL
3300 CHURCH HILL
BOYNTON BEACH FL 33435

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 \$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
P
BURGER, CAROL
3300 CHURCH HILL DRIVE
BOYNTON BEACH FL 33435 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400023806614
10/15/03--01025--001 **150.00 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

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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 Required*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date *10 03* Daytime Phone #

CR2E034 (4/03)

0056976
AV

**Carol Burger
3300 Church Hill Rd.
Boynton Beach, FL 33435**

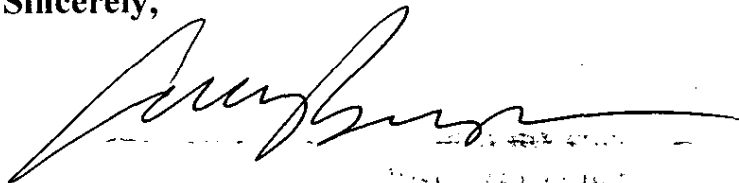
October 10, 2003

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

This letter is to inform you that my corporation did not receive prior notice regarding the Uniform Business Report filing fee. Therefore, I am requesting that you waive the \$400.00 late fee. Please find attached the original \$150.00 filing fee. Additionally, I was on vacation the latter part of September, and was unable to mail this prior to today's date.

Your understanding in this matter is greatly appreciated.

Sincerely,

A handwritten signature in black ink, appearing to read 'Carol Burger', with a long horizontal flourish extending to the right.

**Carol Burger
President/Carol Ann Writes, Inc.**