

FILED

Aug 14, 2003 8:00 am
Secretary of State

08-04-2003 90141 046 ***150.00

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

8.

DOCUMENT # P02000132986

1. Entity Name

TERESA L. CARSON, INC.



Principal Place of Business
17520 OAK CREEK ROAD
ALVA FL 33920

Mailing Address
17520 OAK CREEK ROAD
ALVA FL 33920

55054204

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

02-6680680

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

CARSON, TERESA L
17520 OAK CREEK ROAD
ALVA FL 33920

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	D	<input type="checkbox"/> Delete
NAME	CARSON, TERESA L	
STREET ADDRESS	17520 OAK CREEK ROAD	
CITY-ST-ZIP	ALVA FL 33920	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (4/03)

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

Daytime Phone #

Attachment

ADW 8752

55054204
P02000132986

Kevin M. Burns & Associates, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

4507 S.E. 16th Place

Cape Coral, FL 33904

Telephone (239) 542-1976 * Fax (239) 542-1815

July 30, 2003

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

RE: Teresa L Carson, Inc.
Document #P02000132986

Dear Sir or Madam:

I am writing on behalf of the above referenced taxpayer in conjunction with the filing of the attached Uniform Business Report. While we realize that the corporation fee was due May 1, 2003, we are requesting that you consider abating the additional fee for late filing.

While Teresa L Carson, Inc. makes every effort to comply with the applicable filing requirement, they did not receive the annual form. When the 60 day notice was received, Ms. Carson was quite alarmed by the additional filing fee. Since this is Ms. Carson's first year in business, she was also unaware of the filing requirement. She has asked me to request that you waive the additional fee. Therefore, we have enclosed the UBR report and a check for \$150.

Thank you for your assistance in resolving this matter. If I can be of further assistance to you, please do not hesitate to contact me at the above address.

Sincerely,



Kevin M Burns

Enclosures