

2000 UNIFORM BUSINESS REPORT (UBR)

4/

DOCUMENT # P06295

1. Entity Name

CARROLL'S INC.

FILED
May 08, 2000 8:00 am
Secretary of State

04-11-2000 90013 021 ***150.00

Principal Place of Business
4281 OLD DIXIE HIGHWAY
HAPEVILLE GA 30354

Mailing Address
4281 OLD DIXIE HIGHWAY
HAPEVILLE GA 30354-4011



DO NOT WRITE IN THIS SPACE

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
58-0867357

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	BAKER, W.J. III	
STREET ADDRESS	4281 OLD DIXIE HIGHWAY	
CITY-ST-ZIP	HAPEVILLE GA	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ROCK, DAVID F.	
STREET ADDRESS	2985 PIEDMONT ROAD, NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	TSD	<input type="checkbox"/> Delete
NAME	LAABS, EUGENE R. (ASST.)	
STREET ADDRESS	4281 OLD DIXIE HIGHWAY	
CITY-ST-ZIP	HAPEVILLE GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

W.J. Baker

4/18/00

(404) 363-2800

CR2E034 (9/99)