

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 26, 2001 8:00 am**  
**Secretary of State**

01-26-2001 90066 037 \*\*\*150.00

**DOCUMENT # P15520**

1. Entity Name

**CARLETON TECHNOLOGIES, INC.**

Principal Place of Business

**3018 US HWY 301 E  
TAMPA FL 33619**

Mailing Address

**10 COBHAM DRIVE  
ORCHARD PARK NY 14127  
US**

2. Principal Place of Business

**3018 US Highway 301 N.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Tampa, Florida**

City & State

4. FEI Number **16-1303637**

Applied For

Not Applicable

Zip

**33619**

Country

**USA**

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

**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, 2001 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 **D** ☐ Delete  
NAME **PAGE, GORDON**  
STREET ADDRESS **COBHAM PLC, BROOK ROAD/WIMBORNE, DORSET**  
CITY-ST-ZIP **ENGLAND BH21 2BJ**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **CPD** ☐ Delete  
NAME **CAWDERY, PADRAIG H**  
STREET ADDRESS **10 COBHAM DRIVE**  
CITY-ST-ZIP **ORCHARD PARK NY 14127**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☒ Delete  
NAME **GRABON, JOHN**  
STREET ADDRESS **10 COBHAM DRIVE**  
CITY-ST-ZIP **ORCHARD PARK NY 14127**

TITLE **SD** ☐ Change ☒ Addition  
NAME **ARMENAT, F. ERIC**  
STREET ADDRESS **10 COBHAM DRIVE**  
CITY-ST-ZIP **ORCHARD PARK, NY 14127**

TITLE **D** ☐ Delete  
NAME **MCCANN, EDWARD**  
STREET ADDRESS **293 BOSTON POST ROAD**  
CITY-ST-ZIP **WESTON MA 02493**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **YARBOROUGH, WILLIAM G**  
STREET ADDRESS **8000 TOWERS CRESENT DR.**  
CITY-ST-ZIP **VIENNA VA 22182**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

**Padraig H. Cawdery**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/12/01**

Date

**716-662-0006**

Daytime Phone #

CR2E034 (10/00)