2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 13, 2000 8:00 am Secretary of State DOCUMENT # **P93000051545** CARROLL PRODUCTIONS, INC. 01-13-2000 90020 016 ***150.00 Mailing Address Principal Place of Business 5937 ROEBUCK RD 5937 ROEBUCK RD JUPITER FL 33458-3317 JUPITER FL 33458 HS 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0424486 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required ---..7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CARROLL, DEREK Street Address (P.O. Box Number is Not Acceptable) 2311 DEVONSHIRE WAY PALM BEACH GARDENS FL 33418 Zip Code City FL. 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE CARROLL, DEREK NAME STREET ADDRESS 2311 DEVONSHIRE WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ Addition Change ☐ Delete TITLE NAME CARROLL, JOAN NAME. STREET ADDRESS 2311 DEVONSHIRE WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ Addition VD TITLE Change ☐ Delete VAN GORDEN, KATHLEEN NAME NAME STREET ADDRESS **120 COCO LN** STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP JUPITER FL Change ☐ Addition ☐ Delete TITLE TITLE SUDELL, MARY J NAME NAME STREET ADDRESS 17919 112TH DR N STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P JUPITER FL Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZiP

NATURE AND TO PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR