

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90122 028 ***150.00

DOCUMENT # P93000058768

1. Entity Name

CARTER-MILLS & ASSOCIATES, P.A.

Principal Place of Business

**3618 WEBBER STREET STE 105
SARASOTA FL 34232**

Mailing Address

**3618 WEBBER STREET STE 105
SARASOTA FL 34232**

2. Principal Place of Business

3618 WEBBER ST.

3. Mailing Address

3618 WEBBER ST.

Suite, Apt. #, etc.

SARASOTA, FL

Suite, Apt. #, etc.

STE. 112

City & State

City & State

SARASOTA, FL

Zip

Country

34232

Zip

Country

34232 SARASOTA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0432414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

MILLS, JOSEPH C

5013 80TH AVE. CIRCLE E.

SARASOTA FL 34243

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

JOSEPH C. MILLS

2/13/02

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, 2002 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

TITLE **PT** ☐ Delete
NAME **MILLS, JOSEPH C**
STREET ADDRESS **5013 80TH AVE CIRCLE E.**
CITY-ST-ZIP **SARASOTA FL 34243**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SIGNATURE REQUIRED

2/13/02

Date

Daytime Phone #

941-933-0211

CR2E034 (9/01)