

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

Amended

FILED

02 OCT -7 AM 10:51

SECRET OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name

P93000061639

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

PO Box 568654

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

4. FEI Number

Applied For

Not Applicable

Zip

Country

32854

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Mike Carey

Street Address (P.O. Box Number is Not Acceptable)

4101 Woodlynn Lane

City

Orlando

FL

Zip

32812

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

(If 2001 Foreign Agent Signature is required, see instructions)

DATE

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

January 1 - May 1 Fee is \$150.00

After May 1, Fees \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

Mike Carey / Pres.
4101 Woodlynn Ln
Orlando, FL 32812

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Marlene Carey V. Pres.
Same as above

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

David Crawford / Sec.
6514 Abbeydale Ct.
Orlando, FL 32818

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/22/02 (407) 857-4641

Date

Telephone Number

CR2E034B (12/01)

21 10/10/02