

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000074316

1. Entity Name

CARIDO CORPORATION

FILED

May 07, 2000 8:00 am  
Secretary of State

05-07-2000 90008 025 \*\*\*150.00

Principal Place of Business Mailing Address  
DOVERPLUM CENTER 9 DOVERPLUM CENTER  
POINCIANA FL 34759 POINCIANA FL 34759  
US

2. Principal Place of Business 3. Mailing Address  
905 TOWNE CENTER BLVD 905 TOWNE CENTER BLVD  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
KISSIMMEE FLORIDA KISSIMMEE FLORIDA  
Zip Country Zip Country  
34759 USA 34759 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3212216 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
IDMS DAVIES  
2903 ELDIENTE WAY  
KISSIMMEE FL 34758

7. Name and Address of New Registered Agent  
Name 'IDRIS' DAVIES (INCORRECT SPELLING)  
Street Address (P.O. Box Number is Not Acceptable)  
4803 ELBERT PLACE  
City KISSIMMEE FL Zip Code 34758

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  
TITLE P/D ☐ Delete  
NAME DAVIES, IDMS  
STREET ADDRESS 2903 ELDIENTE WAY  
CITY-ST-ZIP KISSIMMEE FL 34758  
TITLE VP/D ☐ Delete  
NAME DAVIES, CAROLYN  
STREET ADDRESS 2903 ELDIENTE WAY  
CITY-ST-ZIP KISSIMMEE FL 34758  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:  
TITLE ☒ Change ☐ Addition  
NAME DAVIES IDRIS  
STREET ADDRESS 4803 ELBERT PLACE  
CITY-ST-ZIP KISSIMMEE FL 34758  
TITLE ☒ Change ☐ Addition  
NAME DAVIES CAROLYN  
STREET ADDRESS 4803 ELBERT PLACE  
CITY-ST-ZIP KISSIMMEE FL 34758  
TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TITLE ☐ Change ☐ Addition  
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: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24 00

Date

407 933 48 22

Daytime Phone #

CR2E034 (9/99)