

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90174 001 \*\*\*150.00

**DOCUMENT # P93000079476**

1. Entity Name  
**CARTER ENTERPRISES INC.**



Principal Place of Business  
**203 SOUTH MATANZAS  
ST. AUGUSTINE FL 32080  
US**

Mailing Address  
**1093 A1A BEACH BLVD.  
PMB 220  
ST. AUGUSTINE FL 32084**



2. Principal Place of Business  
**203 SO. MATANZAS BLVD.**

3. Mailing Address  
**1093 A1A BEACH BLVD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**ST. AUGUSTINE**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**ST. AUGUSTINE**

City & State  
**FL**

4. FEI Number  
**59-3207873**

Applied For  
Not Applicable

Zip  
**32080**

Country  
**ST. JOHNS**

Zip  
**32080**

Country  
**ST. JOHNS**

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**

**CARTER, CHARLES  
1093 A1A BEACH BLVD.  
ST AUGUSTINE FL 32080**

Name  
**SAME**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Charles Carter*

**3/7/03**

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**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P  
CARTER, CHARLES  
1093 A1A BEACH BLVD. PMB 220  
ST AUGUSTINE FL 32080** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Charles Carter*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**3/7/03 904-823-1227**  
Date Daytime Phone #

CR2E034 (10/02)