

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000082880

1. Entity Name
CARR CONNECTION, INC.

FILED
May 08, 2000 8:00 am
Secretary of State
05-08-2000 90194 048 ***150.00

Principal Place of Business Mailing Address
9766 ULMERTON ROAD 9766 ULMERTON ROAD
LARGO FL 34641 LARGO FL 33771-3603

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3214420** Applied For
Not Applicable

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

SMITH, MARY J.
4050 26TH STREET NORTH
ST. PETERSBURG FL 33713

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 _____ (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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SMITH, MARY J.**
STREET ADDRESS **4050 26TH STREET NORTH**
CITY-ST-ZIP **ST. PETERSBURG FL 33713**

TITLE ☐ Change ☒ Addition
NAME **SEC. EUGENE CARR**
STREET ADDRESS **4709 W PAXTON AV**
CITY-ST-ZIP **TAMPA, FL. 33661**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: Eugene C Carr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00 727 585-0037
Date Daytime Phone #

CR2E034 (9/99)