

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) 2002**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91192 033 ***150.00

DOCUMENT # P94000012544

1. Entity Name

C.A.D. DESIGN, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6934 OLDGATE CIRCLE

Suite, Apt. #, etc.

3. Mailing Address

6934 OLDGATE CIRCLE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NEW PORT RICHEY, FL

City & State

NEW PORT RICHEY, FL

4. FEI Number

59-3220326

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name LAUREN J. CARR

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

6934 OLDGATE CIRCLE

City NEW PORT RICHEY

FL

Zip Code 34655

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$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 P
NAME LAUREN J. CARR
STREET ADDRESS 6934 OLDGATE CIRCLE
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

TITLE VP
NAME ROBERT CARR
STREET ADDRESS 6934 OLDGATE CIRCLE
CITY-ST-ZIP NEW PORT RICHEY, FL 34655

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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

Date

Daytime Phone #

4/30/02

CR2E034B (12/01)