

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90206 044 ***150.00

DOCUMENT # P94000039609

1. Entity Name
THE CAROUSEL HOUSE, INC.

Principal Place of Business
101 BEACH AVENUE
ALTAMONTE SPRINGS FL 32701

Mailing Address
101 BEACH AVENUE
ALTAMONTE SPRINGS FL 32701



2. Principal Place of Business
701 Beach Ave
Suite, Apt. #, etc.

3. Mailing Address
101 Beach Ave
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ALT. Spgs, FLA.
Zip
32701
Country
Seminole

City & State
ALT. Spgs, FLA.
Zip
32701
Country
Seminole

4. FEI Number **59-3248999**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

KREINBIHL, LORETTA
101 BEACH AVENUE
ALTAMONTE SPRINGS FL 32701

7. Name and Address of New Registered Agent

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ **Delete**
NAME **KREINBIHL, LORETTA**
STREET ADDRESS **101 BEACH AVENUE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **VD** ☐ **Delete**
NAME **KREINBIHL, THOMAS**
STREET ADDRESS **101 BEACH AVENUE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **T** ☐ **Delete**
NAME **DRONEY, DENNIS J**
STREET ADDRESS **101 BEACH AVE**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL**

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
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
STREET ADDRESS
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: *Loretta Kreinbihl*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-02 **407-332-1589**
Date **Daytime Phone #**

CR2E034 (9/01)