FILED

Date

Daytime Phone #

## 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

May 06, 2003 8:00 am **Secretary of State** P94000039609 DOCUMENT # 05-06-2003 90030 018 \*\*\*150.00 1. Entity Name THE CAROUSEL HOUSE, INC. Andipal Place of Business Daling Address BEACH AVE 701 BEACH AVE ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPRINGS FL 32701 2. Principal Place of Business 101 BEACH AV 3. Mailing Address SAME ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 59-3248999 Not Applicable Zip Country Country : **\$8.75** Additional 5. Certificate of Status Desired cminoLe Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KREINBIHL, LORETTA Street Address (P.O. Box Number is Not Acceptable) 101 BEACH AVENUE ALTAMONTE SPRINGS FL 32701 City 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change ☐ Addition ☐ Dëlete KREINBIHL, LORETTA NAME NAME 101 BEACH AVENUE STREET ADDRESS STREET ADDRESS ALTAMONTE SPRINGS FL 32701 CITY-ST-ZIP CITY-ST-ZIP Change TITLE VD ☐ Delete TITLE ■ Addition NAME KREINBIHL, THOMAS NAME STREET ADDRESS 101 BEACH AVENUE STREET ADDRESS **ALTAMONTE SPRINGS FL 32701** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition DRONEY, DENNIS J NAME NAME STREET ADDRESS STREET ADDRESS 101 BEACH AVE ALTAMONTE SPRINGS FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 ke empowered.

Attachment 90130533 P94000039609 The Carouse House Inc 101 Beach alel Olf Sypp, Fela. 32701 407-332-1589 10'- Division of Corporations Uniform Bushin Report Filing This is the second time I am mailing my fee of \$150.00 to you. I get one of your representatives named Scott as I just -plained what had happoned! addressed envelope on april 11 th. It was a envelope was severely danuaged the it was returned mailed it on april 11th but now, that I have to remail it I hope I am not penalyed because received this after 5/1/03. I have meined this FRXEX to it reaches you asAP! Kank Yeu for your he understanding.