

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000071855

1. Entity Name
JOHN B. CARR, P.A.

FILED
Apr 14, 2000 8:00 am
Secretary of State
04-14-2000 90101 034 ***150.00

Principal Place of Business
3298 SUMMIT BLVD
SUITE 338
PENSACOLA FL 32503
US

Mailing Address
3298 SUMMIT BLVD
SUITE 338
PENSACOLA FL 32503-4333
US

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **59-3268337**
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

CARR, JOHN B
3298 SUMMIT BLVD
SUITE 338
PENSACOLA FL 32503

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
NAME **CARR, JOHN B**
STREET ADDRESS **3298 SUMMIT BLVD, SUITE 338**
CITY-ST-ZIP **PENSACOLA FL 32503**

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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/06/00 **850-469-0777**
Date Daytime Phone #

CR2E034 (9/99)