2000 UNIFORM BUSINESS REPORT (UBR)

2405 PIPER BLVD

NAPLES FL 34110-1387

3. Mailing Address

City & State

Suite, Apt. #, etc.

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.

DOCUMENT # P95000005857 CARLTON LAKES REALTY, INC. Mailing Address

Country

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable.

Principal Place of Business

2. Principal Place of Business

STERLING, JACK

2405 PIPER BLVD NAPLES FL 34110

9. This corporation is eligible to satisfy its Intangible

changed, or on an attachment

SIGNATURE

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

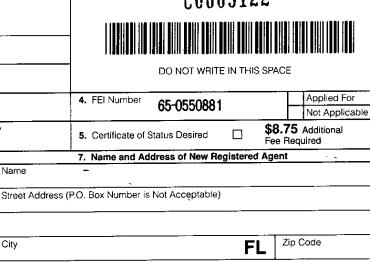
2405 PIPER BLVD

NAPLES FL 34110

FILED Jan 21, 2000 8:00 am Secretary of State

01-21-2000 90119 029 ***150.00

C0009122



DATE

10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Change ☐ Addition Delete TITLE TITLE CLAUSSEN, CHRISTOPHER G. NAMÉ NAME STREET ADDRESS 2405 PIPER BLVD STREET ADDRESS CITY-ST-ZIP NAPLES FL CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ___ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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 suppliemental 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 of the corporation or the receiver of the corporation or the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the cor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Country

FILE NOW!!! FEE IS \$150.00

Name

City

(NOTE: Registered Agent signature required when reinstating)