

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

05-31-2002 90001 046 ***158.75

DOCUMENT # P95000024914

1. Entity Name
J.P. CAREY ENTERPRISES, INC.

Principal Place of Business

**3343 PEACHTREE ROAD
 SUITE 500
 ATLANTA GA 30326
 US**

Mailing Address

**3343 PEACHTREE RD
 SUITE 500
 ATLANTA GA 30326
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3310295**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-0000**

7. Name and Address of New Registered Agent

Name **Michael W. Thompson, CPA**
 Street Address (P.O. Box Number is Not Acceptable) **5209 SEA CHASE DRIVE**
 Unit #2
 City **Amelia Island, FL** Zip Code **32034**

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 **MICHAEL W. Thompson** **Michael W Thompson** 7-15-02
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **CANOUSE, JOSEPH C**
 STREET ADDRESS **199 14TH STREET, N.E.**
 CITY-ST-ZIP **ATLANTA GA 30309**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SECRETARY** ☐ Delete
 NAME **JOSE A. AUFFANT**
 STREET ADDRESS **1071 AMSTERDAM AVENUE**
 CITY-ST-ZIP **ATLANTA, GA 30306**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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: **JOSEPH C. CANOUSE** 404-816-5339
President 7-15-02
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)

Attachment



39063

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 6, 2002

JUN 24 2002

J.P. CAREY ENTERPRISES, INC.
3343 PEACHTREE RD
SUITE 500
ATLANTA, GA 30326 US

Subject: J.P. CAREY ENTERPRISES, INC.

Reference Number: P95000024914

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$158.75; however, the report has not been filed and a copy is being returned for the following correction(s):

There is not a registered agent designated on the report. Please enter the current registered agent's name and Florida street address. If this is a change from the registered agent previously filed with this office, the new agent must sign accepting the designation.

The annual report/uniform business report must be signed by an officer or director of the corporation.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/JC

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Attachment

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P 950000 24914**

1. Entity Name

J. P. CAREY Enterprises, Inc.

39063

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3343 Peachtree Rd

3. Mailing Address

Same

Suite, Apt. #, etc.

500

Suite, Apt. #, etc.

City & State

ATLANTA, GA

City & State

Zip

30326

Country

Zip

Country

4. FEI Number

59-3310295

Applied For

Not Applicable

5. Certificate of Status Desired

☒**\$8.75** Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

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

N/A

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

(NOTE: Registered Agent signature required when registering)

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 \$81.25

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: **President**
NAME: **Joseph C. Canouse**
STREET ADDRESS: **199 14th Street**
CITY-STATE-ZIP: **ATLANTA GA 30309**

TITLE: **SECRETARY**
NAME: **Jose A. Auffant**
STREET ADDRESS: **1071 Amsterdam Ave.**
CITY-STATE-ZIP: **ATLANTA GA 30306**

TITLE:
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DO NOT WRITE
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)(f), 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 #

CR2E034B (12/01)