

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000038996

1. Entity Name

TWENTY-FOUR CARROT COLLECTION, INC.

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90145 020 ***150.00

0068033

Principal Place of Business Mailing Address
7665 LAKE GANDY CIRCLE 7665 LAKE GANDY CIRCLE
ORLANDO FL 32810 ORLANDO FL 32810

C0007781



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1852 OLIVIA CIRCLE 1852 OLIVIA CIRCLE
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
APOPKA, FL APOPKA, FL
Zip Country Zip Country
32703 US 32703 US

4. FEI Number 59-3317318 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

DAYMOND, EVELYN
7665 LAKE GANDY CIRCLE
ORLANDO FL 32810

Name
Street Address (P.O. Box Number is Not Acceptable)
1852 OLIVIA CIRCLE
City APOPKA FL Zip Code 32703

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 Evelyn Daymond President/owner 01/10/01
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, 2001 Fee will be \$550.00
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	P&D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAYMOND, EVELYN		NAME		
STREET ADDRESS	7665 LAKE GANDY CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32810		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Evelyn Daymond 01/10/01 407-886-4659
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)