

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90021 048 \*\*\*150.00

**DOCUMENT # P95000064767**

1. Entity Name

**CARLTON JEWELERS & COMPANY**

Principal Place of Business

6450 N. WICKHAM RD  
 SUITE 104  
 MELBOURNE FL 32940  
 US

Mailing Address

6450 N WICKHAM RD #104  
 MELBOURNE FL 32940  
 US

2. Principal Place of Business

6450 N. Wickham Rd

3. Mailing Address

6450 N Wickham Rd

Suite, Apt. #, etc.

Suite 104

Suite, Apt. #, etc.

Suite 104

City & State

Melbourne, FL 32940

City & State

Melbourne, FL

Zip

32940

Country

US

Zip

32940

Country

US

4. FEI Number

65-0606983

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

POLACKWICH, ALAN S SR  
 2770 INDIAN RIVER BLVD. STE 501  
 VERO BEACH FL 32960

7. Name and Address of New Registered Agent

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, 2002 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

TITLE PD  
 NAME ESPLING, CARL F  
 STREET ADDRESS 3150 NORTH A1A APT. 501 NORTH  
 CITY-ST-ZIP FORT PIERCE FL 34949 ☐ Delete

TITLE STD  
 NAME ESPLING, KAREN S  
 STREET ADDRESS 3150 NORTH A1A APT. 501 NORTH  
 CITY-ST-ZIP FORT PIERCE FL 34949 ☐ Delete

TITLE D  
 NAME SMITH, VERNON D  
 STREET ADDRESS 3150 NORTH A1A APT. 501 NORTH  
 CITY-ST-ZIP FORT PIERCE FL 34949 ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)