

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90019 033 ***150.00

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DOCUMENT # P95000086997

1. Entity Name
CARRY-CAR TRANSPORTERS, INC.

Principal Place of Business

5040 CHRISTENSEN ROAD
FORT PIERCE FL 34981
US

Mailing Address

5040 CHRISTENSEN ROAD
FORT PIERCE FL 34981
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

4401 PRESSLER LANE

Suite, Apt. #, etc.

4401 PRESSLER LANE

City & State

FT PIERCE FLORIDA

City & State

FT PIERCE FLORIDA

Zip

34982

Country

USA

Zip

34982

Country

USA

4. FEI Number

65-0619476

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RINGEWALD, CHARLES D
5040 CHRISTENSEN ROAD
FORT PIERCE FL 34981

7. Name and Address of New Registered Agent

Name

SAME PERSON DIFFERENT ADDRESS

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

4401 PRESSLER LANE

City

FT PIERCE

FL

Zip Code

34982

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 CHARLES RINGEWALD

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/25/2002

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.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME RINGEWALD, CHARLES D
STREET ADDRESS 5040 CHRISTENSEN ROAD
CITY-ST-ZIP FORT PIERCE FL 34981

☐ Delete

TITLE D
NAME RINGEWALD, JEANNE W
STREET ADDRESS 5040 CHRISTENSEN ROAD
CITY-ST-ZIP FORT PIERCE FL 34981

☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 4401 PRESSLER LANE
CITY-ST-ZIP FT PIERCE, FL 34982

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS 4401 PRESSLER LANE
CITY-ST-ZIP FT PIERCE, FL 34982

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

JEANNE RINGEWALD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEANNE RINGEWALD 3/25/2002

Date

Daytime Phone #

772-460-8000

CF2E034 (9/01)