

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000090341

1. Entity Name
CAROLO, INC.

FILED
Jan 07, 2002 8:00 am
Secretary of State

01-07-2002 90004 029 ***150.00

0396849 AV

Principal Place of Business
9395 N FAIRGROUNDS RD
WEST PALM BCH FL 33411
US

Mailing Address
11231 IRA LANE
LAKEWORTH FL 33467
US



2. Principal Place of Business

550 Business Pwy
Suite, Apt. #, etc.
UNIT # 3

City & State
Royal Palm Beach, FL

Zip Country
33411 US

3. Mailing Address

11231 Ira Lane
Suite, Apt. #, etc.
~~LAKE WORTH, FL~~

City & State
LAKE WORTH, FL

Zip Country
33467 US

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0653033

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

ORLANDS, BUDDY
11231 IRA LN.
LAKEWORTH FL 33467

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D ORLANDS, BUDDY 11231 IRA LN. LAKEWORTH FL 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORLANDS, CAROL 11231 IRA LN. LAKEWORTH FL 33467	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ORLANDS, CAROL 11231 IRA LN. LAKEWORTH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Carol Orland
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CAROL ORLANDS 1/4/02 753-1796

CR2E034 (9/01)