

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000096075

1. Entity Name

CARTER'S SIGN SHOP, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90051 016 ***150.00

Principal Place of Business
2487 LINWOOD AVENUE
NAPLES FL 34112
US

Mailing Address
2487 LINWOOD AVENUE
NAPLES FL 34112-4729
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0650931

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

CARTER, ESTELLE
2487 LINWOOD AVE
NAPLES FL ~~33962~~ 34112

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, 2000 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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
SHARE IN REARDON
3340 24TH AVE. S.E.
NAPLES FL 34117

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TS
CARTER, ESTELLE
2185 GREENBACK CIR #105
NAPLES FL 34112

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TS
CARTER, ESTELLE
2893 ESTEY AVE
NAPLES, FL 34104
☒ Change ☐ Addition
Address

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Delete

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: Estelle Carter ESTELLE CARTER

1-18-00

Date

941-775-3151

Daytime Phone #

CR2E034 (9/99)