

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2003 8:00 am
Secretary of State

6/9

06-09-2003 90123 029 ***150.00

DOCUMENT # P96000000730			
1. Entity Name CARLINA CARE, INC.			
Principal Place of Business 5006 TROUBLE CREEK RD NEW PORT RICHEY FL 34652 US		Mailing Address 5006 TROUBLE CREEK RD #126 NEW PORT RICHEY FL 34652 US	
2. Principal Place of Business 5006 Trouble Creek Rd.		3. Mailing Address 5006 Trouble Creek Rd.	
Suits, Apt. #, etc. 126		Suite, Apt. #, etc. 126	
City & State New Port Richey		City & State New Port Richey FL	
Zip 34652	Country U.S.	Zip 34652	Country US
4. FEI Number 59-3357358		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent Lovell (married) LIGHT, SUSAN 4934 DAPHNE STREET NEW PORT RICHEY FL 34652		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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Susan Lovell</u> DATE <u>6-17-03</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LIGHT, SUSAN married 5006 TROUBLE CREEK RD #126 NEW PORT RICHEY FL 34652	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lovell, Susan 5006 Trouble Creek Rd. #126 New Port Richey FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Susan Lovell</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/10/03</u> Daytime Phone # <u>727-844-0606</u>	

CR2034 (10/02)

Attachment 35049319

Carlina Care, Inc. #P96000000730
"A Touch of Humanity"

June 16, 2003

Florida Dept. of State
Division of Corporations
P.O. Box 1500
Tallahassee, Fl. 32302

Ref.No. P96000000730

Dear Sir/Madam:

After conferring with a representative of your office on June 16, 2000 I am following through, via this letter, on my request for a waiver of the \$400.00 late fee.

My daughter, Susan Lovell, has been fighting cancer since Jan. 2003 and has been in and out of the hospital, getting chemo treatments that she finished on May 30, 2003. She has not been to the office since January 2003. My son and I, her dad, have come down from New Jersey to help save her business for her. We discovered her mail 3 weeks ago and sent in her Corporation application with \$150.00 and realized we were late but time was not on our side. Since I have been with my daughter 3 weeks ago, she has lost her 15 year old daughter on June 8, 2003 who died suddenly on that date. She has had so much to worry about.

Please look at this waiver request in a compassionate way so we can save this business for a young lady who gives and gives to others in a caring way. The late fee is too much for this small corporation to absorb. Cancer is a terrible illness to fight but Susan is using all her strength to look toward a brighter future.

Thank you for your consideration.

Sincerely yours,
Thomas Sykes
Susan Lovell, Pres.

Susan Lovell

Carlina Care, Inc.
PLAZA ONE Suite 127
5006 Trouble Creek Road
New Port Richey, FL 34652-4939