

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 30, 2001 8:00 am**  
**Secretary of State**

01-30-2001 90153 024 \*\*\*150.00

**DOCUMENT # P96000010073**

1. Entity Name

**CARLISLE WALL DESIGNS, INC.**

Principal Place of Business

**10641 GULF BEACH HWY  
APT F  
PENSACOLA FL 32507  
US**

Mailing Address

**P O BOX 36295  
PENSACOLA FL 32516-295  
US**

2. Principal Place of Business

**565 Nix Road**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**Pensacola, FL**

City &amp; State

4. FEI Number **59-3357313**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**CARLISLE, JASON B  
10641 GULF BEACH HWY  
APT F  
PENSACOLA FL 32507**

Name

**Jason B. Carlisle**

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

**565 Nix Road**

City

**Pensacola****FL**

Zip Code

**32506**

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, 2001 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		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	<b>D</b>			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>CARLISLE, JAMES D</b>	<b>10596 COUNTY RD 99</b>	<b>LILLIAN AL 36549</b>						
	<b>D</b>			<input type="checkbox"/> Delete					<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>CARLISLE, JASON B</b>	<b>10641 GULF BEACH HWY</b>	<b>PENSACOLA FL 32507</b>			<b>Carlisle, Jason B.</b>	<b>565 Nix Road</b>	<b>Pensacola, FL 32506</b>	
	<b>ST</b>			<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>CARLISLE, MYRLA SUE</b>	<b>10596 COUNTY RD 99</b>	<b>LILLIAN AL 36549</b>						
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete					<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: **Myrle Sue Carlisle, Sec/Treas.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-01

Date

(334) 961-1411

Daytime Phone #

CR2E034 (10/00)