


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90110 044 ***150.00

DOCUMENT # P96000014705

1. Entity Name
CARTNER, INC.



Principal Place of Business **BLVD**
~~2222 EWELL RD~~ **3956 Town Center** ~~2222 EWELL RD~~
~~LAKELAND FL 33811~~ **ORLANDO, FL** ~~LAKELAND FL 33811~~
~~US~~ **32838** ~~US~~

2. Principal Place of Business
3956 Town Center Blvd

3. Mailing Address
931 W. 75TH STREET
Suite 137-309
NAPERVILLE, IL
60565

City & State
ORLANDO FL

Zip
32837 Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3369611** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
GARRETT, MARK W
280 W. CANTON AVE.
STE 410
WINTER PARK FL 32790

7. Name and Address of New Registered Agent
Name **GARRETT, MARK W.**
Street Address (P.O. Box Number is Not Acceptable)
1850 LEE ROAD Suite 210
City **WINTER PARK FL** Zip Code **32789**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CARTNER, BRUCE	
STREET ADDRESS	931 W 75TH ST STE #137-164	
CITY-ST-ZIP	NAPERVILLE IL 60565	
TITLE	VD	<input type="checkbox"/> Delete
NAME	CARTNER, BETH	
STREET ADDRESS	931 W 75TH ST STE #137-164	
CITY-ST-ZIP	NAPERVILLE IL 60565	
TITLE	VF	<input checked="" type="checkbox"/> Delete
NAME	SIGLER, ALICIA L	
STREET ADDRESS	2222 EWELL ROAD	
CITY-ST-ZIP	LAKELAND FL 33811-2010	
TITLE	VO	<input type="checkbox"/> Delete
NAME	WITHERSPOON, ARMYE H.	
STREET ADDRESS	653 SANDPIPER LANE	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	D	<input type="checkbox"/> Delete
NAME	KELLY, FRANK JR	
STREET ADDRESS	2220 ASCOTT VALLEY TRACE	
CITY-ST-ZIP	DULUTH GA 30155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTNER, BRUCE	
STREET ADDRESS	931 W. 75TH ST STE 137-309	
CITY-ST-ZIP	NAPERVILLE, IL 60565	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTNER, BETH	
STREET ADDRESS	931 W. 75TH ST STE #137-309	
CITY-ST-ZIP	NAPERVILLE, IL 60565	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)