


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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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)