

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000017742

1. Entity Name
CARLAND WHOLESALE INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90064 037 ***150.00

Principal Place of Business
6727 126TH AVENUE NO.
LARGO FL 34643

Mailing Address
6727 126TH AVENUE NO.
LARGO FL 34643

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number **59-3365880**
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

DEMERS, RONALD P
2204 GULF BLVD.
INDIAN ROCKS BEACH FL 34635

Name **DEMERS RONALD P**
Street Address (P.O. Box Number is Not Acceptable)
17403 ELLIOTT LN
City **HUDSON** FL Zip Code **34667**

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 *Ronald P. Demers* (NOTE: Registered Agent signature required when reinstating) DATE **4-30-01**

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 | PVPS DEMERS, RONALD P 2204 GULF BLVD. INDIAN ROCKS BEACH FL | <input checked="" type="checkbox"/> Delete VP | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP LAWRENCE GREGG 64808 WINDSOR DR. PINEBLAS, PARIC 33782 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Ronald P. Demers* **PRES** **4-30-01** **727-5490813**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)