## **2002 UNIFORM BUSINESS REPORT (UBR)**

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SIGNATURE

## Mar 11, 2002 8:00 am & Secretary of State DOCUMENT # P96000056400 1. Entity Name PHILP A. CARLIN & ASSOCIATES, INC. 03-11-2002 90053 009 \*\*\*150.00 Principal Place of Business Mailing Address 820 LAKE KATHRYN CIRLCE 820 LAKE KATHRYN CIRLCE CASSELBERRY FL 32707 CASSELBERRY FL 32707 2. Principal Place of Business 3. Mailing Address 125 S. JUWSE AVE 125 5. SWODGE AVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 104 City & State City & State MAITLAND 4. FEI Number Applied For 59-3388261 Not Applicable Country Zip Country **US** A \$8.75 Additional 5. Certificate of Status Desired 12516 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARLIN, PHILIP A Street Address (P.O. Box Number is Not Acceptable) 820 LAKE KATHRYN-CR 125 5. 5womer AVE STE 104 CASSELBERRY FL-32707 MAITLAND, FL 32751 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD CR2E034 (9/01) TITLE ☐ Delete TITLE MAME CARLIN, PHILIP NAME 125 5. SLOWE AVE STE 104 STREET ADDRESS 820 LAKE KATHRYN CIRCLE STREET ADDRESS CITY-ST-ZIP CASSELBERRY-FL-32707 CITY-ST-ZIP MAITLAND, FL ☐ Delete [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE [] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

**FILED**