

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000068248

1. Entity Name  
CAROB, TOO, INC.

**FILED**  
**Feb 28, 2001 8:00 am**  
**Secretary of State**

02-28-2001 90074 021 \*\*\*150.00

Principal Place of Business  
3410 KILDEER PLACE  
PALM HARBOR FL 34685-1228

Mailing Address  
3410 KILDEER PLACE  
PALM HARBOR FL 34685-1228

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

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

City & State  
Zip Country

City & State  
Zip Country

4. FEI Number **59-3395340**

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

MARLOWE, STEPHEN D  
324 S. HYDE PARK AVE. STE 210  
TAMPA FL 33606

Name **Hettig, Farrell N.**  
Street Address (P.O. Box Number is Not Acceptable)  
**1703 LaForest Ave**  
City **Safety Harbor** FL Zip Code **34695**

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 Farrell N. Hettig Farrell N. Hettig DATE 2-8-01  
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 Tax filing requirement and elects to do so. ☐ **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	PVS	<input type="checkbox"/> Delete	TITLE	Pres	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRESSMAN, BERT A		NAME	Gressman, Bert A.	
STREET ADDRESS	3410 KILDEER PLACE		STREET ADDRESS	3410 Kildeer Pl	
CITY-ST-ZIP	PALM HARBOR FL 34685-1228		CITY-ST-ZIP	Palm Harbor, FL 34685-1228	
TITLE		<input type="checkbox"/> Delete	TITLE	V.P., J	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Farrell Hettig	
STREET ADDRESS			STREET ADDRESS	1703 LaForest Ave	
CITY-ST-ZIP			CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE		<input type="checkbox"/> Delete	TITLE	Sec	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Katharine Hettig	
STREET ADDRESS			STREET ADDRESS	1703 LaForest Ave	
CITY-ST-ZIP			CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Farrell Hettig Farrell Hettig DATE 2-8-01 Daytime Phone # 727-455-3960  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)