

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000074365

1. Entity Name
WESLEY CARR AGENCIES, INC.

FILED
Aug 21, 2000 8:00 am
Secretary of State
08-21-2000 90211 018 ***550.00

Principal Place of Business
40 TIMBERLAND CIRCLE N
FT MYERS FL 33919

Mailing Address
40 TIMBERLAND CIRCLE N
FT MYERS FL 33919

2. Principal Place of Business

8010 Glen Abbey Circle
Suite, Apt. #, etc.
FT Myers
City & State

3. Mailing Address

8010 Glen Abbey Circle
Suite, Apt. #, etc.
FT Myers FL 33912
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0714428

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CARR, PAUL J
40 TIMBERLAND CIRCLE N
FT MYERS FL 33919

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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)

DATE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	D CARR, PAUL J 40 TIMBERLAND CIRCLE N FT MYERS FL 33919	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/2000
Date

Daytime Phone #

CR2E034 (5/00)