

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000084524

1. Entity Name

CARRIGAN COMPANY

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90231 009 ***150.00

Principal Place of Business

Mailing Address

5719 13TH STREET
ZEPHYRHILLS FL 33540

10905 HILDALE DR
DADE CITY FL 33525-8560
US

2. Principal Place of Business

10905 Hilldale Drive

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dade City, FL

City & State

4. FEI Number 59-3411778

Applied For

Not Applicable

Zip

33525

Country

Zip

Country

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

TOOLE, PA DANA G
37951 MERIDIAN AVE
DADE CITY FL 33525

Name

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

215 South Monroe Street

Suite 500

City

Tallahassee

FL

Zip Code

32399

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 \$150.00
After MAY 1, 2000 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 P ☐ Delete
NAME JOHNSON, CLAYTON D
STREET ADDRESS 10905 HILDALE DR
CITY-ST-ZIP DADE CITY FL 33523

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME JOHNSON, PAMELA S
STREET ADDRESS 10905 HILDALE DR
CITY-ST-ZIP DADE CITY FL 33523

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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: Pamela S. Johnson Pamela S. Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/00 (813) 782-8482
Date Daytime Phone #

CR25034 (0/00)