

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P97000010493**

1. Entity Name

C.G. CARTRONICS, INC.

Principal Place of Business

4245 US 19
NEW PORT RICHEY FL 34652
US

Mailing Address

4245 US 19
NEW PORT RICHEY FL 34652
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3426765

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GREEN, CLIFFORD A
5106 ROSEWOOD DR.
NEW PORT RICHEY FL 34653

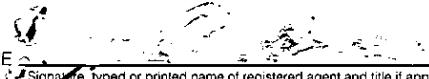
Name

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, 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, 2002 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

TITLE **D**
NAME GREEN, CLIFFORD A
STREET ADDRESS 5106 ROSEWOOD DR
CITY-ST-ZIP NEW PORT RICHEY FL 34653

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

President

Change

Addition

TITLE **P**
NAME GREEN, PAULA M
STREET ADDRESS 5106 ROSEWOOD DR
CITY-ST-ZIP NEW PORT RICHEY FL 34653

Delete

Vice President

Change

Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

Change 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/02

Date

778438863

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)