

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State
 05-15-2000 90215 002 ***150.00

DOCUMENT # P97000012278

1. Entity Name

THE CARRUTHERS GROUP INC.

Principal Place of Business

1845-3 CAPITAL CIR NE
 TALLAHASSEE FL 32308
 US

Mailing Address

1845-3 CAPITAL CIRCLE NE
 TALLAHASSEE FL 32308
 US

2. Principal Place of Business

1909-3 CAPITAL CIRCLE NE
 Suite, Apt. #, etc.

3. Mailing Address

1909-3 CAPITAL CIRCLE NE
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

TALL, FL

City & State

SAME

4. FEI Number

59-3429151

Applied For
 Not Applicable

Zip

32308

Country

USA

Zip

SAME

Country

SAME

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CARRUTHERS, MICHAEL D
1845-3 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

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

1909-3 CAPITAL CIRCLE NE

City

TALL, FL

State

FL

Zip

32308

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

TITLE **P** ☐ Delete
 NAME **CARRUTHERS, MICHAEL D**
 STREET ADDRESS **1845-3 CAPITAL CIRCLE NE**
 CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **1909-3 CAPITAL CIRCLE NE**
 STREET ADDRESS **TALL, FL**
 CITY-ST-ZIP **32308**

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

TITLE ☐ Change ☐ Addition
 NAME
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TITLE ☐ Change ☐ Addition
 NAME
 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 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

Date

Daytime Phone #

CR2E034 (9/99)