

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 13, 2001 8:00 am**  
**Secretary of State**  
 04-13-2001 90018 027 \*\*\*150.00

**DOCUMENT # P97000027661**

1. Entity Name  
**CARL ENTERPRISES, INC.**

Principal Place of Business  
**515 N 4TH ST  
 SAINT CHARLES MO 63301  
 US**

Mailing Address  
**515 N 4TH ST  
 SAINT CHARLES MO 63301  
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**109 C S. 38TH ST.**

Suite, Apt. #, etc.  
**P.O. BOX 13601**

City & State  
**Mexico Beach, FL.**

Zip  
**32410**

Country  
**BAY**

3. Mailing Address  
**109 C S. 38TH ST.**

Suite, Apt. #, etc.  
**P.O. BOX 13601**

City & State  
**Mexico Beach, FL**

Zip  
**32410**

Country  
**BAY**

4. FEI Number **65-0406080**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**MEISEL, KEITH W ESQ.  
 712 U.S. HIGHWAY ONE, SUITE 230  
 NORTH PALM BEACH FL**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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, 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

TITLE  
 NAME **P** ☐ Delete  
**FABRICANT, MICHELLE**  
 STREET ADDRESS  
**515 N 4TH ST**  
 CITY-ST-ZIP  
**SAINT CHARLES MO 63301**

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**109 C S. 38TH ST., P.O. BOX 13601**  
**Mexico Beach, FL 32410**

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

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

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 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 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: **Michelle Fabricant** **4-8-01** **636-916-1455**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)