

2000 UNIFORM BUSINESS REPORT (UBR)

5/5/00-90212-04/-5150.00-5150.00

DOCUMENT # P97000058050

1. Entity Name

THE CARGO HOLD, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 27 PM 2:51

60031854



DO NOT WRITE IN THIS SPACE

Principal Place of Business

10445 W. SEA COURT
CRYSTAL RIVER FL 34429

Mailing Address

10445 W. SEA COURT
CRYSTAL RIVER FL 34429-5209

2. Principal Place of Business

871 N. Suncoast Blvd

Suite, Apt. #, etc.

CRYSTAL RIVER

City & State
Florida 34429

Zip

Country

U.S.A.

3. Mailing Address

871 N. Suncoast Blvd

Suite, Apt. #, etc.

CRYSTAL RIVER

City & State
FLORIDA

Zip

Country

34429 USA.

4. FEI Number

59-3455186

Applied For

Not Applicable

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

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 *Nannette J. Elson* President

(NOTE: Registered Agent signature required when reinstating)

DATE

12-19-00

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 DPT
NAME ELSON, NANNETTE J
STREET ADDRESS 10445 W. SEA COURT
CITY-ST-ZIP CRYSTAL RIVER FL 34429 ☐ Delete

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

TITLE DVS
NAME ALVENUS, JOHN
STREET ADDRESS 5480 W. NORVELL BRYANT HIGHWAY
CITY-ST-ZIP CRYSTAL RIVER FL 34429 ☐ Delete

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

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TITLE
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CITY-ST-ZIP ☐ 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: *Nannette J. Elson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-22-00 352 564 1333

Date

Daytime Phone #