## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P97000059537

**DOCUMENT#** 

1. Entity Name

## FILED May 15, 2002 8:00 am Secretary of State

05-15-2002 90065 027 \*\*\*150.00

Carbull Enterprises, Inc V J J 4 Z 4 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address <u>3610 W. Del</u> 3610 W. Deleon Sp. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59- 345/176 Applied For amou Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 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) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be Amended UBR is \$61,25 (See criteria on back) Trust Fund Contribution. Added to Fees Make Check Payable to Department of State 11. **QFFICERS AND DIRECTORS** \*\*\* President TITLE CR2E034B (12/01) William E. Bullock NAME STREET ADDRESS 366 W. Delcon 84. STREET ADDRESS CITY-ST-ZIF Tampa, FC 33609 CtTY-ST-ZIP TITI F TITLE NAME NAME STREET ADDRESS 3610 W. Deceonal. STREET ADDRESS CITY-ST-ZIP 33609 CITY-ST-ZIP 1ampa T TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO-NOT-WRITE CITY - ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAME NAME STREET ADDRESS STREET ADDRESS

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 on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

IONASTORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

CARLYN R. BULLOCK

4/22/02

Daytime Phone #