

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 14, 2001 8:00 am  
Secretary of State

03-14-2001 90518 029 \*\*\*158.75

DOCUMENT # P97000064044

1. Entity Name

CARL CONSOLIDATED INC

Principal Place of Business

Mailing Address

832 CAMARGO WAY #209  
ALTAMONTE SPRINGS  
FLORIDA 32714

832 CAMARGO WAY #209  
ALTAMONTE SPRINGS  
FLORIDA 32714

00025067

2. Principal Place of Business

832 CAMARGO WAY  
Suite, Apt., etc. 209

3. Mailing Address

832 CAMARGO WAY  
Suite, Apt., etc. 209

DO NOT WRITE IN THIS SPACE

City & State

ALTAMONTE SPRINGS  
FLORIDA

City & State

ALTAMONTE SPRINGS  
FLORIDA

4. FEI Number

Applied For

Not Applicable

Zip

32714

Country

SEMINOLE

Zip

32714

Country

SEMINOLE

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

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  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
President  
MICHAEL DADA  
832 CAMARGO WAY #209  
ALTAMONTE SPRINGS FLORIDA 32714

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition  
SECRETARY  
RACHAEL DADA  
832 CAMARGO WAY #209  
ALTAMONTE SPRINGS FLORIDA 32714

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
VICE PRESIDENT  
OLUGBENGA DADA  
832 CAMARGO WAY #209  
ALTAMONTE SPRINGS FLORIDA 32714

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
ASSISTANT SECRETARY  
OLUGEMI DADA  
832 CAMARGO WAY #209  
ALTAMONTE SPRINGS FLORIDA 32714

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☒ Addition  
OFFICE MANAGER  
DAVID DADA  
832 CAMARGO WAY #209  
ALTAMONTE SPRINGS FLORIDA 32714

TITLE  
NAME  
STREET ADDRESS  
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:

MICHAEL DADA

3/01/01

Date

Daytime Phone #

CR2E034 (11/00)