

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084810

1. Entity Name  
CARRY-ME CRITTERS, INC.

R

**FILED**  
**Jul 20, 2000 8:00 am**  
**Secretary of State**

07-20-2000 90020 033 \*\*\*150.00

Principal Place of Business

4630 SOUTH KIRKMAN ROAD  
SUITE 367  
ORLANDO FL 32811

Mailing Address

4630 SOUTH KIRKMAN ROAD  
SUITE 367  
ORLANDO FL 32811

AUUB00041



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3501184

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

HARI, BEVERLEY A  
4630 SOUTH KIRKMAN ROAD  
SUITE 367  
ORLANDO FL 32811

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

*Beverly A Hari*

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 PSTC ☐ Delete  
NAME HARI, BEVERLY A  
STREET ADDRESS 4630 SOUTH KIRKMAN ROAD, SUITE 367  
CITY-ST-ZIP ORLANDO FL 32811

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

TITLE D ☐ Delete  
NAME HARI, BEVERLY A  
STREET ADDRESS 4630 SOUTH KIRKMAN ROAD, SUITE 367  
CITY-ST-ZIP ORLANDO FL 32811

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Beverly A Hari* July 13/00 407-521-9661

Date

Daytime Phone #

Attachment  
P97000084810  
A0062621

Thursday, July 13, 2000

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
UNIFORM BUSINESS REPORT FILINGS  
P. O. Box 1500  
Tallahassee, Florida 32302-1500

Subject:            2000 UNIFORM BUSINESS REPORT

Dear Sirs:

This is inform you that we **never received** the FIRST NOTICE of the subject Report. We phoned your offices to advise of this and we were instructed to write this letter and include our payment of \$150.00.

Our check for \$150.00 is herein enclosed.

Sincerely,

CARRY-ME CRITTERS, INC.



BEVERLEY A. HARI  
President

Enclosure