7/2

Aug 19, 2002 8:00 am Secretary of State 07-24-2002 90137 007 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000098995

1. Entity Name

SIGNATURE:

BRITT-CARMICHAEL BILLING, INC.

Principal Place of Business 8360 W OAKLAND PARK BLVD 305-A SUNRISE FL 33351 US		Mailing Address 8380 W OAKLAND PARK BLVD 305-A SUNRISE FL 33351 US					
2. Principa	Place of Business	3. Mailing Address					
Suite, Ap	ot. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE	E IN THIS SPACE		
City & St	ate	City & State			4. FEI Number 65-0801478		Applied For
Zip	Country	Zip	Country	у	5. Certificate of Status Desired	□ \$8.75 <i>i</i>	Not Applicable Additional
	6. Name and Address of Current Registered Agent				7 Marca and Address - 401 Th	Fee Requ	ired
l				Name	7. Name and Address of New Re	gistered Agent	
MOLTON	MOLLOY, MAUREEN ESQ			The second secon			
HARMER	HARMER & MOLLOY, P.A. 304 SW DAVIE BLVD			Street Address (F	P.O. Box Number is Not Acceptable)		·
ſ	FORT LAUDERDALE FL 33315			City			
8. The abov	e named entity submits this statement for the st		•	min the state	FL Zip Co	ode	
SIGNATURE	\mathcal{A}	whael		gani signature required w	7/2	DATE	h, and accept
Tax filing	oration is eligible to satisfy its Intangible requirement and elects to do so.	After September 13, Make Chack Payabl	FILE NOW!!! FEE IS \$550.00 ler September 13, 2002 Fee will be \$750.0 ake Check Payable to Department of State		10. Election Campaign Finan Trust Fund Contribution.		OO May Be od to Fees
TITLE •	PTSD OFFICERS AND DIE		12.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTOR	RS IN 11
NAME STREET ADDRESS CITY-ST-ZIP	CARMICHAEL, WILLIAM SHAWN 11430 NW 31ST PLACE FORT LAUDERDALE FL 33323	□ Delete	TITLE NAME STREET AL CITY-ST-			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARMICHAEL, MARION ASHLEY 11430 NW 31ST PLACE FORT LAUDERDALE FL 33323	C Delete	NAME STREET AO CITY-ST-2			☐ Change	Addition
NAME STREET ADDRESS CITY-ST: ZIP.	3.7	Defete	TITLE NAME STREET AD CITY-ST-Z			☐ Change	<u>·</u> ☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	- ,	☐ Delete	TITLE NAME STREET ADE CITY - ST - ZI			☐ Change	Addition
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ITLE AME TREET ADDRESS ITY-SI-ZiP	A LE	☐ Delate	TITLE NAME STREET ADD	RESS		Change	Addition

CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 the chapter 607 or on an attachment with address, with all other like empowered.

Britt-Carmichael Billing, Inc. 98422

8360 W. Oakland Park Boulevard

Sunrise, Florida

Phone: 954.572.3200

Suite 305-A

33351

Fax: 954.572.7677

August 13, 2002

Via Certified Mail R/R/R:

7001 1940 0006 1819 8049

Division of Corporations
Uniform Business Report Filings
Reinstatement Department
PO Box 6327
Tallahassee, FL 32314

RE:

2002 Uniform Business Report (UBR)

Britt-Carmichael Billing, Inc. FEI Number: 65-0801478

Dear Sir/Madam:

Enclosed please find a copy of your letter of July 25, 2002 along with a copy of my 2002 Uniform Business Report filing.

We never received the prior or first notice. I do not know why except for possible fears that the postal service has had over the past months due to the terrorism attacks on the United States.

I assure you that I will in the future, calendar the month of February of each year to make sure that this matter is taken care of promptly.

Again, we regret that this is late getting to you but hope that you will accept our predeposited payment of \$150.00 for this item.

Thank you in advance for your attention to this matter.

Sincerely,

Britt-Carmichael Billing, Inc.

Vm. Shawn Carmichael, President

Attachments: As noted

WSC/jw