

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90074 021 \*\*\*150.00

DOCUMENT # P98000009616 J  
 1. Entity Name  
CARROLLWOOD CREEK ASSOCIATES, INC.

Principal Place of Business Mailing Address

2. Principal Place of Business 3. Mailing Address  
5402 BEAUMONT CTR BLD.  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
SUITE 108  
 City & State City & State  
TAMPA FL SAME

Zip Country Zip Country  
33634 USA

4. FEI Number Applied For  
59-3494417 Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

*00358130*

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
NADER, DAVID A.  
5402 BEAUMONT CTR BLVD.  
SUITE 108  
TAMPA FL 33634

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	<u>PRESIDENT</u> <u>DAVID A. NADER</u> <u>5402 BEAUMONT CTR BLD.#108</u> <u>TAMPA FL 33634</u>
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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]  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 2/28/01 Daytime Phone #: 813 985-7744

CR2E034 (11/00)