

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90235 048 ***150.00

DOCUMENT # P98000021870

1. Entity Name
THOMAS CARL, INC.



Principal Place of Business
932 ROYALTON ROAD
ORLANDO, FL 32825

Mailing Address
6955 HANGING MOSS ROAD
SUITE 106
ORLANDO, FL 32807

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3498950

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

LALRKIN, THOMAS C
932 ROYALTON ROAD
ORLANDO, FL 32825

7. Name and Address of New Registered Agent

Name **DEBITS & CREDITS GROUP INC**
Street Address (P.O. Box Number is Not Acceptable)
6955 HANGING MOSS RD STE 106
City **ORLANDO** FL Zip Code **32807**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Mike Hamilla
Signature, typed or printed name of registered agent and title if applicable.

MIKE HAMILLA
(NOTE: Registered Agent's signature required when reinstating)

4/28/03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$650.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D LARKIN, THOMAS C**
STREET ADDRESS **10117 ALCOCK ROAD**
CITY-ST-ZIP **ORLANDO, FL 32817**

TITLE ☐ Delete
NAME **DV LARKIN, CAROLANN**
STREET ADDRESS **10117 ALCOCK ROAD**
CITY-ST-ZIP **ORLANDO, FL 32817**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with a address, with all other like empowered.

SIGNATURE:

THOMAS CARL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03 **(407) 677-8282**
Date Daytime Phone #

CR2E034 (10/02)