

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000030144

1. Entity Name

CAROB, INC.

**FILED**  
**Apr 14, 2000 8:00 am**  
**Secretary of State**

04-14-2000 90014 007 \*\*\*150.00

Principal Place of Business

Mailing Address

LONG  
5891 LONG BAYOU WAY S.  
ST. PETERSBURG FL 33708

LONG  
5891 LONG BAYOU WAY S.  
ST. PETERSBURG FL 33708

2. Principal Place of Business

5891 Long Bayou Way S.  
Suite, Apt. #, etc.

3. Mailing Address

5891 Long Bayou Way S.  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
St. Petersburg, FL  
Zip 33708 Country

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St. Petersburg, FL  
Zip 33708 Country

4. FEI Number 59-3503298

Applied For  
Not Applicable

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

RIVERA, ROBERT  
5891 LONG BAYOU WAY SO  
ST PETERSBURG FL 33708

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	RIVERA, ROBERT	
STREET ADDRESS	5891 LONG BAYOU WAY SO	
CITY-ST-ZIP	ST PETERSBURG FL 33708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)