

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

02-24-2002 90076 011 ***150.00

DOCUMENT # P98000030240

1. Entity Name

NO SECRETS, INC.

Principal Place of Business

**2314 SE 13TH ST
 CAPE CORAL FL 33990**

Mailing Address

**2314 SE 13TH ST
 CAPE CORAL FL 33990**

2. Principal Place of Business

1500 WHISKEY CREEK DR

3. Mailing Address

1500 WHISKEY CREEK DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Ft Myers FLA

City & State

Ft Myers Fla

4. FEI Number

65-0831947

Applied For

Not Applicable

Zip

Country

Zip

Country

33919

33919

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**MCCART, THOMAS K
 2314 SE 13TH ST
 CAPE CORAL FL 33990**

7. Name and Address of New Registered Agent

Name **MC CART THOMAS K**
 Street Address (P.O. Box Number is Not Acceptable) **1500 WHISKEY CREEK DRIVE**
 City **Ft Myers FLA** Zip Code **FL 33919**

8. The above named agent admits this statement for the purpose of changing the registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Thomas K. McCart Vice Pres

JAN 15-02

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	MCCART, THOMAS K	
STREET ADDRESS	2314 SE 13TH ST	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCCART, DIANE K	
STREET ADDRESS	2314 SE 13TH ST	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1500 WHISKEY CREEK	
STREET ADDRESS	DRIVE	
CITY-ST-ZIP	Ft. Myers FLA. 33919	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1500 WHISKEY CREEK DR.	
STREET ADDRESS	Ft. Myers FLA.	
CITY-ST-ZIP	33919	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 all other like empowered.

SIGNATURE:

Thomas K. McCart Vice Pres

Date

Daytime Phone #

**941
 482-7062**

CR2E034 (9/01)