

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 16, 2001 8:00 am
Secretary of State

02-16-2001 90010 033 ***150.00

DOCUMENT # P98000035098

1. Entity Name

SAN CARLOS BAY GROUP, INC.

Principal Place of Business

1552 SAN CARLOS BAY DRIVE
SANIBEL FL 33957

Mailing Address

1552 SAN CARLOS BAY DRIVE
SANIBEL FL 33957

2. Principal Place of Business

1290 ISABELL LANE

3. Mailing Address

1290 ISABELL LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SANIBEL, FL

City & State

SANIBEL, FL

4. FEI Number 65-0830894

Applied For

Not Applicable

Zip

33957

Country

LEE

Zip

33957

Country

LEE

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

DICARLO, DANIEL M JR
1552 SAN CARLOS BAY DR
SANIBEL FL 33957

Name

Street Address (P.O. Box Number is Not Acceptable)

1290 ISABELL LANE

City

SANIBEL

FL

Zip Code

33957

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS DICARLO, DANIEL M JR.
CITY-ST-ZIP 1552 SAN CARLOS BAY DRIVE
SANIBEL FL 33957

TITLE ☒ Change ☐ Addition
NAME PRES
STREET ADDRESS DICARLO, DANIEL M. JR.
CITY-ST-ZIP 1290 ISABELL LANE
SANIBEL, FL 33957

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)