

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90027 043 ***150.00

DOCUMENT # P98000054707

1. Entity Name

JAMES A. CARNEY, INC.

Principal Place of Business

Mailing Address

469 SOUTH SHORE ROAD
 OSPREY FL 34229

469 SOUTH SHORE ROAD
 OSPREY FL 34229-9496

2. Principal Place of Business

464 SOUTH SHORE DR

3. Mailing Address

464 SOUTH SHORE DR



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0846490

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CARNEY, JAMES A
469 SOUTH SHORE ROAD
OSPREY FL 34229

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Additio
NAME	CARNEY, III, JAMES A	NAME	
STREET ADDRESS	464 S SHORE DR	STREET ADDRESS	
CITY-ST-ZIP	OSPREY FL 34229	CITY-ST-ZIP	
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NAME	CARNEY, III, JAMES A	NAME	
STREET ADDRESS	464 S SHORE DR	STREET ADDRESS	
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NAME	CARNEY, JR, JAMES A	NAME	
STREET ADDRESS	464 S SHORE DR	STREET ADDRESS	
CITY-ST-ZIP	OSPREY FL 34229	CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:

James A. Carney **James A. Carney - Director** 1/15/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 9419664755