2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000055645 Feb 22, 2000 8:00 am **Secretary of State** RONALD K. CARR, INC. 02-22-2000 90007 018 ***150.00 Principal Place of Business Mailing Address 4612 PARADISE ISLES 4612 PARADISE ISLES DESTIN FL 32541 **DESTIN FL 32541-3794** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 56-3545437 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARR, RONALD K Street Address (P.O. Box Number is Not Acceptable) **4612 PARADISE ISLES** DESTIN FL 32541 Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change ☐ Addition TITLE Delete TITLE NAME CARR, RONALD K NAME STREET ADDRESS STREET ADDRESS **4612 PARADISE ISLES** CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 ☐ Addition TITLE Delete TITLE Change NAME CARR, DELLE L NAME STREET ADDRESS **4612 PARADISE ISLES** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-218 ☐ Change ☐ Addition Delete TITLE. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

K. CARR 2/18/00

changed or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: