

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2002 8:00 am**  
**Secretary of State**  
 03-11-2002 90087 010 \*\*\*150.00

0595935  
 AV

**DOCUMENT # P98000059881**

1. Entity Name

**BETH A. & WILLIAM S. CARR JR. ENTERPRISES, INC.**

Principal Place of Business

**5591 BRECKENRIDGE CIR  
 ORLANDO FL 32818**

Mailing Address

**5591 BRECKENRIDGE CIR  
 ORLANDO FL 32818**

2. Principal Place of Business

**815 CURA COURT**

Suite, Apt. #, etc.

3. Mailing Address

**815 CURA COURT**

Suite, Apt. #, etc.

**WINTER GARDEN FL**

**815 CURA COURT**

City & State

**WINTER GARDEN FL**

Zip

**34787**

Country

**USA**

City & State

**WINTER GARDEN FL**

Zip

**34787**

Country

**USA**

4. FEI Number

**59-3519450**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CARR, BETH ANN  
 5591 BRECKENRIDGE CIR  
 ORLANDO FL 32818**

7. Name and Address of New Registered Agent

Name  
**BETH ANN CARR**  
 Street Address (P.O. Box Number is Not Acceptable)  
**815 CURA COURT**  
 City  
**WINTER GARDEN** FL Zip Code  
**34787**

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, 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  
**PT**  
 NAME  
**CARR, BETH ANN**  
 STREET ADDRESS  
**5591 BRECKENRIDGE CIRCLE**  
 CITY-ST-ZIP  
**ORLANDO FL 32818**

TITLE  
**VS**  
 NAME  
**CARR, WILLIAM S JR**  
 STREET ADDRESS  
**5591 BRECKENRIDGE CIRCLE**  
 CITY-ST-ZIP  
**ORLANDO FL 32818**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
**PT**  
 NAME  
**BETH ANN CARR**  
 STREET ADDRESS  
**815 CURA COURT**  
 CITY-ST-ZIP  
**WINTER GARDEN FL 34787**

TITLE  
**VS**  
 NAME  
**WILLIAM S CARR JR**  
 STREET ADDRESS  
**815 CURA COURT**  
 CITY-ST-ZIP  
**WINTER GARDEN FL 34787**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 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

2/21/02 4078771099  
 Date Daytime Phone #

CR2E034 (9/01)