

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90091 031 ***158.75

C0099570

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000078838

1. Entity Name
CARTIT CORPORATION

Principal Place of Business 2101 Lake Debra Dr. #1511 Orlando FL 32835	Mailing Address 2101 Lake Debra Dr. #1511 Orlando FL 32835
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2. Principal Place of Business 826 N John St	3. Mailing Address 826 N John St
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Suite, Apt. #, etc. 201	Suite, Apt. #, etc. 201
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City & State Orlando FL	City & State Orlando FL
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Zip 32808	Country USA	Zip 32808	Country USA
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4. FEI Number 59-3590966	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

Business Filings Incorporated
 1186 Ocean Shore Blvd.
 Suite 195
 Ormond Beach FL 32176

7. Name and Address of New Registered Agent

Name CartIt Corporation
Street Address (P.O. Box Number is Not Acceptable) 826 N John St Suite 201
City Orlando
FL Zip Code 32808

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  **Edward Boyle** 5-1-2000
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

TITLE D	<input checked="" type="checkbox"/> Delete
NAME Boyle, Edward	
STREET ADDRESS PO Box 780585	
CITY-ST-ZIP Orlando FL 32878-0585	
TITLE D	<input type="checkbox"/> Delete
NAME Boyle,	
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	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Boyle, Edward	
STREET ADDRESS 826 N John St Suite 201	
CITY-ST-ZIP Orlando FL 32808	
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	
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:  **EDWARD BOYLE** 5-1-2000 407-299-9703
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (9/99)