## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000093871 May 09, 2000 8:00 am 1. Entity Name Secretary of State BILL CARSON, INC. 05-09-2000 90036 040 \*\*\*150.00 Mailing Address Principal Place of Business 3141 SHERIDAN AVENUE 3141 SHERIDAN AVENUE MIAMI BEACH FL 33140-3945 MIAMI BEACH FL 33140 3. Mailing Address 3135 SHELIDAN AVENUE 2. Principal Place of Business 3135 SHERIDAN AVENUE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ress (P.O. Box Number is Not Acceptable) SHERIDAN AVENUE CARSON, WILLIAM M JR 3141 SHERIDAN AVENUE MIAMI BEACH FL 33140 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition Change ☐ Delete TITLE TITLE CARSON, WILLIAM M JR. NAME NAME 3/35 SHERIDAN AVENUE STREET ADDRESS STREET ADDRESS 3141 SHERIDAN AVENUE MIAMI BEACH, FL 33140 CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33140 Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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.

WILLIAM M CARSON JR