

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90232 034 ***150.00

DOCUMENT # P98000093976

1. Entity Name

CARLEN, INC.



Principal Place of Business

26 W ORANGE ST
TARPON SPRINGS FL 34689

Mailing Address

PO BOX 1879
TARPON SPRINGS FL 34688

2. Principal Place of Business

34 W. Orange St

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tarpon Springs, FL

City & State

Zip

Zip

Country

USA

Country

4. FEI Number

59-3543434

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HIMONETOS, MARY

26 W ORANGE ST

TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

34 W. Orange St.

Tarpon Springs

FL

Zip Code 34689

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. I am familiar with, and accept the obligations of registered agent.

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

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> Delete
NAME	MARTIN, CAROL E	
STREET ADDRESS	POST OFFICE BOX 1879	
CITY-ST-ZIP	TARPON SPRINGS FL 34688	
TITLE	AVST	<input type="checkbox"/> Delete
NAME	HIMONETOS, MARY	
STREET ADDRESS	POST OFFICE BOX 1879	
CITY-ST-ZIP	TARPON SPRINGS FL 34688	
TITLE	D	<input type="checkbox"/> Delete
NAME	GAGNON, CHRISTINE L	
STREET ADDRESS	POST OFFICE BOX 1879	
CITY-ST-ZIP	TARPON SPRINGS FL 34688	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHARPE, LYNN A	
STREET ADDRESS	POST OFFICE BOX 1879	
CITY-ST-ZIP	TARPON SPRINGS FL 34688	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAHALIN, HELEN J	
STREET ADDRESS	POST OFFICE BOX 1879	
CITY-ST-ZIP	TARPON SPRINGS FL 34688	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MCLANE, JIM	
STREET ADDRESS	PO BOX 1879	
CITY-ST-ZIP	TARPON SPG FL 34688	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Handwritten Signature REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

727-938-0160

Daytime Phone #

CR2E034 (10/02)