## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # **P98000101447**

1. Entity Name

CAREFREE TIMES, INC.

Principal Place of Business 16031 WHITTEN DR. E. LOXAHATCHEE FL 33470

Suite, Apt. #, etc.

City & State

Zip

2. Principal Place of Business

ROY, MARLEEN

16031 WHITTEN DR. E. LOXAHATCHEE FL 33470

9. This corporation is eligible to satisfy its Intangible

16031 WHITTEN DR. E.

LOXAHATCHEE FL 33470

Tax filing requirement and elects to do so.

ROY, DONAT

(See criteria on back)

PD

11.

TITLE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Country

6. Name and Address of Current Registered Agent

OFFICERS AND DIRECTORS

Mailing Address

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

Country

FILE NOW!!! FEE IS \$150.00 \_

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

TITLE

NAME STREET ADDRESS

TITLE NAME

CITY-ST-7IP

☐ Delete

☐ Delete

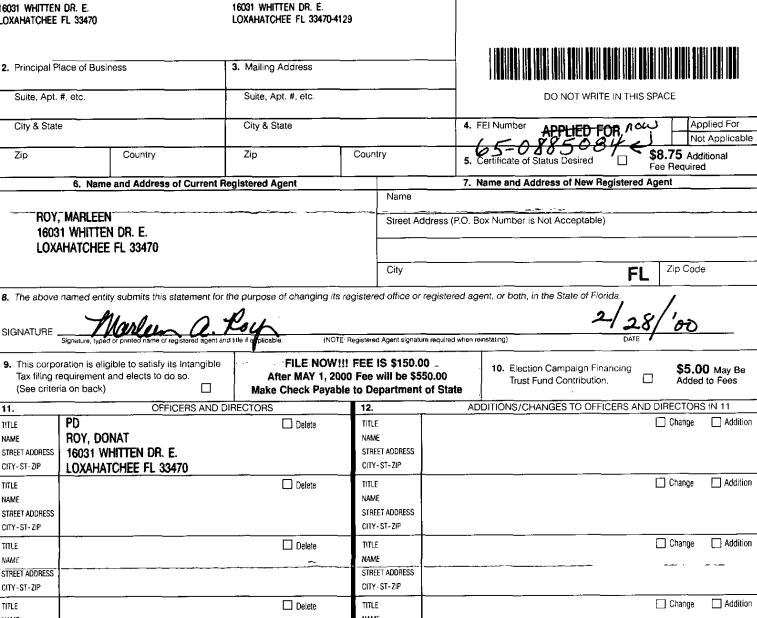
Name

City

16031 WHITTEN DR. E. LOXAHATCHEE FL 33470-4129

## **FILED** Mar 02, 2000 8:00 am **Secretary of State**

03-02-2000 90074 016 \*\*\*150.00



STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition Change ☐ Delete TITLE TITLE NAMÉ 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 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: