

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000106229

1. Entity Name

CARRIER FINANCIAL GROUP, INC.

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90067 002 ***150.00

Principal Place of Business

3900 WOODLAKE BOULEVARD
SUITE 205
LAKE WORTH FL 33463

Mailing Address

3900 WOODLAKE BOULEVARD
SUITE 205
LAKE WORTH FL 33463-3045



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

6017 PINE RIDGE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#225

City & State

City & State

NAPLES FLA

4. FEI Number

59-3547228

Applied For

Not Applied

Zip

Country

Zip

33419

Country

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARRIER, JEFFERY L
3900 WOODLAKE BOULEVARD
SUITE 205
LAKE WORTH FL 33463

Name

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

City

FL

Zip Code

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *PRES* ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *PRESIDENT* ☐ Change ☒ Add
NAME *JEFFERY L. CARRIER*
STREET ADDRESS *3900 WOODLAKE BLVD #205*
CITY-ST-ZIP *NAPLES, FL 34119*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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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: changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JEFFERY L. CARRIER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/7/00 561-641443