

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State
 03-29-2001 90378 028 ***150.00

0546449

DOCUMENT # P98000106729

1. Entity Name

CARLTON & CARLTON, ATTORNEYS AT LAW, P.A.

Principal Place of Business

**4 WEST OAK STREET
 STE E
 ARCADIA FL 34266**

Mailing Address

**PO BOX 1940
 ARCADIA FL 34265**

2. Principal Place of Business

3. Mailing Address

4 West Oak Street

P.O. Box 1940

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite E

City & State

City & State

ARCADIA, Florida

ARCADIA, Florida

Zip

Country

Zip

Country

34266

USA

34265

USA

6. Name and Address of Current Registered Agent

4. FEI Number **65-0882077**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



**CARLTON, DAVID P
 4 WEST OAK STREET
 STE E
 ARCADIA FL 34266**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2001 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **CARLTON, DAVID P**
 CITY-ST-ZIP **4 WEST OAK ST, STE E
 ARCADIA FL 34266**

TITLE ☐ Change ☒ Addition
 NAME **V**
 STREET ADDRESS **CARLTON, Cindy J.**
 CITY-ST-ZIP **4 West Oak St, Ste. E
 ARCADIA, FL 34266**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **P/T/S/D**
 STREET ADDRESS **CARLTON, David P.**
 CITY-ST-ZIP **4 West Oak St., Ste. E
 ARCADIA, FL 34266**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David P. CARLTON
AS President

3/27/01

Date

863-494-9600

Daytime Phone #

CR2E034 (10/00)