

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90058 016 ***150.00

DOCUMENT # P98000106876

1. Entity Name

E & D CARTER & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

4915 NW 182ND ST.
 CAROL CITY FL 33055

4915 NW 182ND ST.
 CAROL CITY FL 33055-2920

2. Principal Place of Business

4915 NW 182nd St
 Suite, Apt. #, etc.

3. Mailing Address

4915 NW 182nd St
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Carol City F

City & State

Carol City, Fl.

4. FEI Number

65-0890081

Applied For

Not Applicable

Zip

Country

33055 USA

Zip

Country

33055 USA

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

CARTER, DARLENE
4915 NW 182ND ST.
CAROL CITY FL 33055

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

Darlene Brit Carter

(NOTE: Registered Agent signature required when reinstating)

4/20/2000

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	President	<input type="checkbox"/> Delete
NAME	Darlene Carter	
STREET ADDRESS	4915 NW 182nd St	
CITY-ST-ZIP	Carol City, Fl. 33055	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Ernest Carter	
STREET ADDRESS	4915 NW 182nd St.	
CITY-ST-ZIP	Carol City, Fl. 33055	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Darlene Brit Carter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/2000

Date

Daytime Phone #

(305) 978-8623

C.R.E.014 (9/99)