

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2002 8:00 am
Secretary of State

03-22-2002 90068 014 ***150.00

DOCUMENT # P98000107274

1. Entity Name
CAREY SERVICE CORP.

Principal Place of Business

4560 S.E. 58TH PLACE
OCALA FL 34480

Mailing Address

4560 S.E. 58TH PLACE
OCALA FL 34480

2. Principal Place of Business

4121 SW 31st Drive
Suite, Apt. #, etc.
Apt. 104
City & State
Gainesville, Florida
Zip
32608-2649
Country
U.S.A.

3. Mailing Address

4121 SW 31st Drive
Suite, Apt. #, etc.
Apt. 104
City & State
Gainesville, Florida
Zip
32608-2649
Country
U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3551260

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CADBY, ROSS
4560 S.E. 58TH PLACE
OCALA FL 34480

7. Name and Address of New Registered Agent

Name
Ross Cadby
Street Address (P.O. Box Number is Not Acceptable)
4121 SW 31st Dr. Apt 104
City
Gainesville FL
Zip Code
32608

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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	CADBY, ROSS F	
STREET ADDRESS	4560 S.E. 58TH PLACE	
CITY-ST-ZIP	OCALA FL 34480	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CADBY, ROSS F.	
STREET ADDRESS	4121 SW 31st Drive Apt 104	
CITY-ST-ZIP	Gainesville, FL 32608	
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		

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:

Ross F. Cadby
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 18, 2002 352-804-7259
Date Daytime Phone #

CR2E034 (9/01)