

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 25, 2000 8:00 am**  
**Secretary of State**

08-25-2000 90001 004 \*\*\*550.00

UUU01147

DO NOT WRITE IN THIS SPACE

DOCUMENT # P 99 0000 10599  
 1. Entity Name  
 Notes + Carr, PA

Principal Place of Business Mailing Address

2. Principal Place of Business 3191 Maguire Blvd  
 Suite, Apt. #, etc. Suite 160  
 City & State Orlando, FL  
 Zip 32803 Country Orange  
 3. Mailing Address PO Box 3426  
 Suite, Apt. #, etc.  
 City & State Orlando, FL  
 Zip 32802-3426 Country Orange

4. FEI Number 59-3555188 Applied For Not Applicable  
 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 Carl D. Motes  
 3191 Maguire Blvd, Suite 160  
 Orlando, FL 32803

7. Name and Address of New Registered Agent  
 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  
 TITLE P/D/T ☐ Delete  
 NAME Carl D. Motes  
 STREET ADDRESS 3191 Maguire Blvd Suite 160  
 CITY-ST-ZIP Orlando, FL  
 TITLE VP/D/S ☐ Delete  
 NAME George E. Carr  
 STREET ADDRESS 3191 Maguire Blvd, Suite 160  
 CITY-ST-ZIP Orlando, FL  
 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  
 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE ☐ Change ☒ Addition  
 NAME V.P./D  
 STREET ADDRESS Jack W. Shaw, Jr  
 CITY-ST-ZIP 3191 Maguire Blvd, Suite 160  
 Orlando, FL 32803  
 TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 TITLE ☐ Change ☐ Addition  
 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: Carl D. Motes Carl D. Motes August 23, 2000 407 897 6909  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)