

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 19, 2003 8:00 am
Secretary of State

02-19-2003 90026 012 ***150.00

DOCUMENT # P99000010599

1. Entity Name
MOTES AND CARR, P.A.



Principal Place of Business
3191 MAGUIRE BLVD
SUITE 160
ORLANDO FL 32803

Mailing Address
PO BOX 3426
ORLANDO FL 32802-3426

0000000



2. Principal Place of Business
3731 Maguire Blvd.
Suite, Apt. #, etc.
Suite 104

3. Mailing Address
P.O. Box 149205
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Orlando FL

City & State
Orlando FL

4. FEI Number 59-3555144

Applied For
Not Applicable

Zip Country
32803 USA

Zip Country
32814-9205 USA

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOTES, CARL D
3191 MAGUIRE BLVD
SUITE 160
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name Carl D. Motes
Street Address (P.O. Box Number is Not Acceptable)
3731 Maguire Blvd.
Suite 104
City Orlando FL Zip Code 32803

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003, Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MOTES, CARL D 3191 MAGUIRE BLVD STE 160 ORLANDO FL 32801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS CARR, GEORGE E 3191 MAGUIRE BLVD STE 160 ORLANDO FL 32801 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDT SHAW, JACK W JR 3191 MAGUIRE BLVD STE 160 ORLANDO FL 32803 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WHITAKER, RICHARD E 3191 MAGUIRE BLVD STE 160 ORLANDO FL 32803 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Motes, Carl D. 3731 Maguire Blvd. Ste 104 Orlando FL 32803 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS Carr, George E. 3731 Maguire Blvd Ste 104 Orlando FL 32803 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDT Shaw, Jack W. Jr. 3731 Maguire Blvd. Ste 104 Orlando FL 32803 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Whitaker, Richard E 3731 Maguire Blvd. Ste 104 Orlando FL 32803 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 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
Date 2-13-03 407 897 6904 Daytime Phone #

CR2E034 (10/02)