

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90004 010 \*\*\*150.00

**DOCUMENT # P99000012469**

1. Entity Name

**CARUSO ENTERPRISES, INC.**

Principal Place of Business

**195 S.W. GETTYSBURG DR.  
 PORT ST LUCIE FL 34953**

Mailing Address

**10302 S. FED. HWY. #290  
 PORT ST LUCIE FL 34952**

2. Principal Place of Business

**1202 Pelham Road S**

3. Mailing Address

**P.O. Box 1277**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Jacksonville, AL**

City & State

**Jacksonville, AL**

Zip

**36265**

Country

**Calhoun**

Zip

**36265**

Country

**Calhoun**

4. FEI Number

**65-0899511**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**CARUSO, ALEXANDRIA  
 195 SW GETTYSBURG DR  
 PT ST LUCIE FL 34953**

7. Name and Address of New Registered Agent

Name **Bruce S. GARDNER**

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

**2120 Pine Grove Road**

City **St. Cloud**

**FL**

Zip Code **34771**

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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/24/2002**  
 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	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CARUSO, ALEXANDRIA</b>	
STREET ADDRESS	<b>195 S.W. GETTYSBURG DR.</b>	
CITY-ST-ZIP	<b>PORT ST LUCIE FL 34953</b>	
TITLE	<b>GM</b>	<input type="checkbox"/> Delete
NAME	<b>GARDNER, BRUCE S</b>	
STREET ADDRESS	<b>195 S.W. GETTYSBURG DR.</b>	
CITY-ST-ZIP	<b>PORT ST LUCIE FL 34953</b>	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Bruce S. Gardner</b>	
STREET ADDRESS	<b>2120 Pine Grove Road</b>	
CITY-ST-ZIP	<b>St. Cloud, FL 34771</b>	
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		
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:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/24/2002** **256-435-3023**  
 Date Daytime Phone #

CR2E034 (9/01)