

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013740

1. Entity Name
JAMES E. CARR, INC.

FILED

00 OCT 16 AM 10:18

Principal Place of Business
RT. 2, BOX 382
LAKE BUTLER FL 32054

Mailing Address
RT. 2, BOX 382
LAKE BUTLER FL 32054

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

593562073

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CARR, JAMES E
RT. 2, BOX 382
LAKE BUTLER FL 32054

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 \$550.00,
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
CARR, JAMES E
RT. 2, BOX 382
LAKE BUTLER FL 32054 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
200003459462-
-11/09/00--01105--003
****150.00 ****150.00 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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

9/3/00
Date

(904)
496-0003
Daytime Phone #

29.

James E. Carr, Inc.
Route 2, Box 382
Lake Butler, Florida 32054
Ph: (904) 496-0003 Fax: (904) 496-0863

October 3, 2000

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, Florida 32302

Subject: **James E. Carr, Inc.**

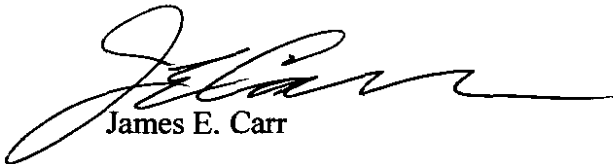
Reference Number: **P99000013740**

I am in receipt of my returned (improperly prepared check) annual report/uniform business report and preparing to re-send it. In discussion with your office today via telephone I noted that I never recalled seeing the original request due May 1st. At that period in time we had just moved into our new home, same property just different location, and were relocating the mailbox. We noted a lapse in mail delivery, or at least a delay and possibly a total omission of delivery during that period. At any rate I am stating that I never did receive the first notice.

Therefore, having noted that I am forwarding a check in the amount of \$150 in hopes that you will make an exception since this is my first filing and I do have mitigating circumstances. Rural Union County does have its' share of mail problems.

Any consideration you can give is very much appreciated.

Sincerely;



James E. Carr