FILED
May 23, 2001 8:00 am
Secretary of State
05-23-2001 91185 035 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000013898

1. Entity Name

Carillon Group USA INC.

Principal Place of Business	Mailing Address
10117 W Oakland Park 415 Sunrise, FL 33351	10117 W Oakland Park 415 Sunrise, FL 33351

C0070066

2. Principal Place of Business		3. Mailing Address	
10117 W Oakland Park		10117 W. Oakland Park	
Suite, Apt. #, etc. 415		Suite, Apt. #, etc. 415	
City & State Sunrise, FL		City & State Sunrise, FL	
Zip 33351	Country Broward	Zip 33351	Country Broward

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0900384 ☒ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LISA Collins
11661 NW 29 Manor
Sunrise, FL 33323

7. Name and Address of New Registered Agent

Name (Same) LISA Collins
Street Address (P.O. Box Number is Not Acceptable) 11661 NW 29 Manor
Sunrise FL
City FL Zip Code 33323

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] 4/28/01

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, 2001 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President / LISA Collins / 10117 W. Oakland Park Blvd, 415 / Sunrise, FL 33351	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary / LISA Collins / 10117 W Oakland Park, 415 / Sunrise FL 33351	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer / LISA Collins / 10117 W. Oakland Park Blvd / Sunrise FL 33351	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change	☐ Addition
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 [illegible], 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] 4/28/01