

2000 UNIFORM BUSINESS REPORT (UBR)

091800

DOCUMENT # P990000040959

1. Entity Name

CADD TO GO..., INC.

FILED

00 JUN -9 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

#5150 NE 18TH TERRACE
FORT LAUDERDALE FL 33308

Mailing Address

#5150 NE 18TH TERRACE
FORT LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

CADD TO GO..., INC. (Hannah) Hannah Lawrence

Suite, Apt., etc.
304 Lake Arbor Dr

Suite, Apt., etc.
P O BOX 8922

City & State
Palm Springs FL

City & State
Fort Lauderdale FL

Zip
33461

Country
USA

Zip
33

Country
USA

4. FEI Number

650916695

Applied For

Not Applicable

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

LAWRENCE, HANNAH E

#5150 NE 18TH TERRACE
FORT LAUDERDALE FL 33308

→ 304 Lake Arbor Dr
→ Palm Spring FL
33461

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 date 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
D. LAWRENCE, HANNAH E
#5150 NE 18TH TERRACE
FORT LAUDERDALE FL 33308

☐ Delete

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

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☐ 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)(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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08/18/00

CR2E034 (5/00)

Attachment Doc#

pg 9 8000 40957

A0074494

P. O. BOX 8922 - FORT LAUDERDALE
FLORIDA 33310
Phone: 954.325.4844
Fax: 561.432.9334

CADD
To Go...

Date: 08-18-00

To whom it may concern:

Do to changes of address I didn't received this notice on time for me to pay it. The following is my new address: 364 Lake Arbor Dr., Palms Springs Florida 33461. I never got the first notice. I have the proof of change of address for the enclosed form. Enclosed I send you a check for \$150.00. Please let me know what I need to do to change the address as well if I have some penalties.

Thanks for all your attention. Have a great day.

Hannah

