## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## **DOCUMENT #**

P99000060932

1. Entity Name

CARTER MANAGEMENT CO, INC.

1215 So. Koxuan Rd

Principal Place of Business 1215 ROXMERE ROAD SOUTH TAMPA FL 33629-4225

Suite, Apt. #, etc.

2. Principal Place of Bysiness
12/5 So. Kofune Rd.

Mailing Address 1215 ROXMERE ROAD SOUTH TAMPA FL 33629-4225

3. Mailing Address

Suite, Apt. #, etc.

City & State		City & State	•		4. FEI Number 59-35	85113		lied For
Ony a orang		·						Applicable
Zip	Country	Zip	Cour	ntry	5. Certificate of Status I	esired Li Fe	3.75 Additi e Required	onal
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
0, 14	and and Addition of			Name	<del></del>			İ
CARTER, JAMES	Δ				(D.O. Devi Number is Not Ar	contable)		
1215 ROXMERE ROAD SOUTH				Street Address (P.O. Box Number is Not Acceptable)				
TAMPA FL 33629-4225							Zia Cada	
			<b>)</b>	City		FL	Zip Code	
· <b>L</b> :		the the summer of	changing its registe	red office or rec	gistered agent, or both, in the S	ate of Florida. I am fan	niliar with, a	nd accept
<ol><li>The above named the obligations of</li></ol>	entity submits this statemer	It for the purpose of	changing its registe	المان الم	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1
(i)e opligations of	Eure of acher	1. Tax	es A. CAR	i Ka				
SIGNATURE	ueu u		es 4. CAR	/e/i	equired when reinstating)	DATE /	6/03	<del></del>
Signature	, typed or printed name of registered a	gent and title if applicable.	(NOTE: Register	ed Agent signature re	Squiled Wildin Consumery	/	<del></del>	
FILE NO	OW!!! FEE IS \$150.00				9. Election Can	paign Financing	\$5.00	May Be
After May 1	, 2003 Fee will be \$550.	00 1			Trust Fund C		Added 1	to Fees
Make Check Payal	ole to Florida Departmen	it of State						(1) 44
10.	OFFICERS A	ND DIRECTORS	11			S TO OFFICERS AND D		IN II
TITLE CPTS		[	Delete TIT	TLE /	PSD T	10	<b>Z</b> Change	☐ Addition
	ER, JAMES A		, NA	AME C	JARIER JAMES	4.,50		
	ROXMERE RD		<b>B</b> -	REET ADDRESS	PARKA JAMES 1 1215 So. Roymus Towns FC 33	wild (122)		
CITY-ST-ZIP TAMP	A FL 33629-4225		Cl	TY-ST-ZIP	Touga, FC 33	629-+22		
TITLE D			Delete TI	TLE	, ,	Į.	Change	☐ Addition
1	ER, JAMES A		, NA	AME				\
STREET ADDRESS 1215			S1	TREET ADDRESS				]
	A FL 33629-4225		CI	ITY-ST-ZIP				
TITLE AS			Delete Ti	TLE	7		Change	Addition
	ER, MARY B		<b>1</b> '	AME	1215 So. Roxum tavya, R 336	ore 11		
	ROXMERE RD			TREET ADDRESS	+ C = 2/	10 1/12 1		
	A FL 33629-4225		CI	ITY-ST-ZIP	Maya, 12 556	29-400.		
TITLE ASD			<b>X</b> Delete    ▼	TTLE	•		Change	Addition
1	er, Jeffrey M		•	AME				
	ROXMERE RD		•	TREET ADDRESS				
CITY-ST-ZIP TAMF	PA FL 33629-4225		С	ITY-ST-ZIP	1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7			- Addison
TITLE VPD			Delete	ITLE   4	CHAIRMAN, CEO,	$\mathcal{O}_{\alpha}$	Change	☐ Addition
	TER, JAMES A JR		N	IAME	CARRER, JAMES	A. Jr.		Ì
	ROXMERE RD.			TREET ADDRESS	PARKER, JAMES 1215 So. ROYMON	Rd Yamba F	33629	-4225
	PA FL 33679-0731		С	CITY-ST-ZIP		<u>, , , , , , , , , , , , , , , , , , , </u>		

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

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 received or trustee employed 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.

☐ Change

Addition

**FILED** 

Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90052 037 \*\*\*150.00

☐ CHECK HERE IF MAKING CHANGES

Applied For