

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90052 037 ***150.00

DOCUMENT # P99000060932

1. Entity Name
CARTER MANAGEMENT CO, INC.



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

Mailing Address
1215 ROXMERE ROAD SOUTH
TAMPA FL 33629-4225



2. Principal Place of Business
1215 So. Roxmere Rd.

3. Mailing Address
1215 So. Roxmere Rd.

Suite, Apt. #, etc.

City & State

Zip Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3585113

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CARTER, JAMES A
1215 ROXMERE ROAD SOUTH
TAMPA FL 33629-4225

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
1215 So. Roxmere Rd.

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James A. Carter, Inc. James A. Carter* DATE 1/6/03

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPTS CARTER, JAMES A 1215 ROXMERE RD TAMPA FL 33629-4225 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P5D CARTER, JAMES A, Sr 1215 So. Roxmere Rd. Tampa, FL 33629-4225 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARTER, JAMES A 1215 ROXMERE RD TAMPA FL 33629-4225 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CARTER, MARY B 1215 ROXMERE RD TAMPA FL 33629-4225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1215 So. Roxmere Rd. Tampa, FL 33629-4225 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD CARTER, JEFFREY M 1215 ROXMERE RD TAMPA FL 33629-4225 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CARTER, JAMES A JR 1218 ROXMERE RD. TAMPA FL 33679-0731 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN, CEO, D CARTER, JAMES A. Jr. 1215 So. Roxmere Rd, Tampa, FL 33629-4225 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 receiver or trustee empowered 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.

SIGNATURE: *James A. Carter, Jr., Inc. James A. Carter, Jr., Inc.* DATE 1/6/03 (813) 228-4473 X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 103

CR2E034 (10/02)