

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000068283**

1. Entity Name

**THE BABY CARRAGE, INC.****FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90023 041 \*\*\*150.00

Principal Place of Business

Mailing Address

**712 MAGNOLIA PL.  
WINTER PARK FL 33884****712 MAGNOLIA PL.  
WINTER PARK FL 33884-3129**

2. Principal Place of Business

3. Mailing Address

**3393 Cypress Gardens Rd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**Winter Haven, FL**

City &amp; State

**Winter Haven, FL**

Zip

Country

Zip

Country

4. FEI Number

**59-3594827**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONDON, NANCY J  
712 MAGNOLIA PL.  
WINTER PARK FL 33884**

Name

**Same**

Street Address (P.O. Box Number is Not Acceptable)

**Same**

City

**Winter Haven****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 \$150.00  
After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	CONDON, NANCY J	
STREET ADDRESS	712 MAGNOLIA PL.	
CITY-ST-ZIP	WINTER PARK FL 33884	WINTER HAVEN

TITLE	DT	<input type="checkbox"/> Delete
NAME	THOMPSON, KAREN A	
STREET ADDRESS	4905 WILLOWBROOK CIR.	
CITY-ST-ZIP	WINTER HAVEN FL 33884	

TITLE	DS	<input type="checkbox"/> Delete
NAME	CONDON, MARK A	
STREET ADDRESS	445 17TH ST., N.W.	1988 McDowell Rd.
CITY-ST-ZIP	WINTER HAVEN FL 33884	Jackson, MS 39204

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

**Nancy J. Condon** **Nancy J Condon - President** **2-4-00** **863-324-4392**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #