

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077572

1. Entity Name

CAREY'S MOBILE HOME TOWING, INC.

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90065 005 ***150.00

Principal Place of Business

Mailing Address

BOX 269
GLEN ST. MARY FL 32040

BOX 269
GLEN ST. MARY FL 32040-0269

2. Principal Place of Business

Box 269 Jefferson Ave. At Washington
Suite, Apt. #, etc.

3. Mailing Address

Same As Above
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Glen Saint Mary, Florida

City & State

Zip Country

Zip
32040

Country
Baker

4. FEI Number

39-3593028

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

CAREY, CLYDE W
BOX 269
CORNER OF JEFFERSON AVE & WASHINGTON ST.
GLEN ST. MARY FL 32040

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 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 PD
NAME CAREY, CLYDE W
STREET ADDRESS BOX 269
CITY-ST-ZIP GLEN ST. MARY FL 32040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD
NAME CAREY, ELAINE C
STREET ADDRESS BOX 269
CITY-ST-ZIP GLEN ST. MARY FL 32040

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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:

Elaine C. Carey, Secretary-Treas.

Date

Daytime Phone #

CR2E034 (9/99)