

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080255

1. Entity Name
CAROLINA METALS, INC.

Principal Place of Business
1420 CYPRESS AVE.
MELBOURNE FL 32935

Mailing Address
1420 CYPRESS AVE.
MELBOURNE FL 32935

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

SAUBERER, ANGELA M
1420 CYPRESS AVE.
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name

Street Address (R.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

Angela M. Sauberer

(NOTE: Registered Agent signature required when reinstating)

10/25/01
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 12, 2001 Fee 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

TITLE NAME ☐ Delete
P SAUBERER, ANGELA
STREET ADDRESS 1420 CYPRESS AVE
CITY-ST-ZIP MELBOURNE FL 32935

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Change ☐ Addition
500004694305--1
STREET ADDRESS -11/27/01--01017--001
CITY-ST-ZIP ****758.75 ****758.75

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

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

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

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

TITLE NAME ☐ Change ☐ Addition
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:

Angela M. Sauberer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/20/01

Date

(321) 433-1402

Daytime Phone #

FILED

01 OCT 31 PM 5:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2001

4. FEI Number 59-3600230

Applied For
Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

0017086 AV

CR2E034 (5/01)