FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Jan 15, 2002 8:00 am Secretary of State DOCUMENT # P99000082368 1. Entity Name 01-15-2002 90010 035 \*\*\*150.00 CART LAND OF LAKELAND, INC. Principal Place of Business Mailing Address 3404 U.S. HIGHWAY 92 E. 3404 U.S. HIGHWAY 92 E. LAKELAND FL 33801 LAKELAND FL 33801 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3598377 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOSFORD, ROBERT W Street Address (P.O. Box Number is Not Acceptable) 3404 U.S. HIGHWAY 92 E. LAKELAND FL 33801 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME HOSFORD, ROBERT W NAME 7010 Bendelow Drive STREET ADDRESS 2060 U.S. HIGHWAY 27 N. #53 STREET ADDRESS CITY-ST-ZIP LAKeland, FI 33810 LAKE WALES FL 33853 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME HOSFORD, INEZ D NAME 7010 Bendelow Drive STREET ADDRESS 2060 U.S. HIGHWAY 27 N #53 STREET ADDRESS CITY-ST-71P LAKE WALES FL 33853 CITY-ST-ZIP Lakeland, FI 33810 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR