

2000 UNIFORM BUSINESS REPORT (UBR)

4.

FILED
Aug 01, 2000 8:00 am
Secretary of State

04-26-2000 90116 001 ***750.00

DOCUMENT # P99000089786

1. Entity Name

CARLTON MANAGEMENT, INC. R

Principal Place of Business 1591 E ATLANTIC BLVD SUITE 200 POMPANO BEACH FL 33060	Mailing Address 1591 E ATLANTIC BLVD SUITE 200 POMPANO BEACH FL 33060
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-1023073** 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

COMPANY
 INTERNATIONAL/SERVICES (USA) INC.-
 1591 E ATLANTIC BLVD SUITE 200
 POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP P.S.T. DEBROSKEY, HARRY 1591 E ATLANTIC BLVD POMPANO BEACH, FL 33060	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/05/2000 954-943-1498

Date

Daytime Phone #

CR2E034 (9/99)

2000 UNIFORM BUSINESS REPORT (UBR)

4/4/26/00-90116-001-\$750.00-\$150.00

DOCUMENT # P99000089786

1. Entity Name
CARLTON MANAGEMENT, INC.

Attach 308905

Principal Place of Business Mailing Address
1591 E ATLANTIC BLVD S 200 1591 E ATLANTIC BLVD S 200
POMPANO BEACH FL 33060 POMPANO BEACH FL 33060-6748

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

4. FEI Number **APPLIED FOR** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required



6. Name and Address of Current Registered Agent
INTERNATIONAL COMPANY SERVICES (USA) INC.
1591 E ATLANTIC BLVD SUITE 200
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent
Name **Carlton Management, Inc.**
Street Address (P.O. Box Number is Not Acceptable) **1591 East Atlantic Blvd**
Suite 200
City **Pompano Beach FL** Zip Code **33060**

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]* *4/15/00*
Signature, typed or printed name of registered agent and fee is applicable (NOTE: Registered Agents signatures recorded when necessary) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 prepare 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: *[Signature]* *4/14/00* *884-9413-1478*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date-time Phone #

CR2E034 (9/99)