

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092019

1. Entity Name
CARRIAGE LOUNGE, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90133 021 ***150.00

Principal Place of Business

16535 SE 99 AVE
SUMMERFIELD FL 34491

Mailing Address

16535 SE 99 AVE
SUMMERFIELD FL 34491

00040630



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3604129**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

LAYTART, WANDA M
4432 MARION COUNTY ROAD
LADY LAKE FL 32159

Name

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

14411 SE 95 CT

City

Summerfield

FL

Zip Code

34491

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, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
LAYTART, WANDA M
POST OFFICE BOX 325 N/A
LADY LAKE FL 32159 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
16535 SE 99 AVE
Summerfield, FL 34491 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
LAYTART, WANDA M
POST OFFICE BOX 325 N/A
LADY LAKE FL 32159 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
16535 SE 99 ave
Summerfield, FL 34491 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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CITY-ST-ZIP
☐ Delete

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

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: Wanda M Laytart
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01 352-307-9750
Date Daytime Phone #

CR2E034 (10/00)