

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000092176

1. Entity Name

CARLEE OF CENTRAL FLORIDA, INC.

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90029 044 ***150.00

Principal Place of Business

Mailing Address

3757 S. ATLANTIC AVE., #902
DAYTONA BEACH SHORES FL 32127

3757 S. ATLANTIC AVE., #902
DAYTONA BEACH SHORES FL 32127-5251

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

59-3604604

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

TALLY, LOU
3900 LAKE CENTER DR., STE. A-4
MOUNT DORA FL 32757

Name
CARLA J. RICE

Street Address (P.O. Box Number is Not Acceptable)
3757 S. ATLANTIC AVE #902

City
DAYTONA BCH. SH.

FL

Zip Code
32127

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 Carla J. Rice CARLA J. RICE S/T

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/5/00

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 **P** ☐ Delete
NAME RICE, LEE
STREET ADDRESS 3757 S. ATLANTIC AVE., #902
CITY-ST-ZIP DAYTONA BEACH SHORES FL 32127

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

TITLE **ST** ☐ Delete
NAME RICE, CARLA J
STREET ADDRESS 3757 S. ATLANTIC AVE., #902
CITY-ST-ZIP DAYTONA BEACH SHORES FL 32127

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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: Carla J. Rice
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/00
Date

(904) 767-3957
Daytime Phone #

CR2E034 (9/99)