

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000095783

1. Entity Name
CARLSON COMMERCIAL, INC.

Principal Place of Business
PO BOX 6073
SARASOTA FL 34278

Mailing Address
9PO BOX 6073
SARASOTA FL 34278

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 65-0955170

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

CARLSON, ALLYN L
46 N. WASHINGTON BLVD.
SUITE 28
SARASOTA FL 34237

Name RICHARD W. GIZNER

Street Address (P.O. Box Number is Not Acceptable)
8433 ENTERPRISE CIRCLE, SUITE 200

City BRADENTON

FL

Zip Code 34202

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 RICHARD W. GIZNER

DATE 4/30/2001

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 DP
NAME CARLSON, ALLYN L
STREET ADDRESS 371 BOB WHITE DRIVE
CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete

TITLE DPS
NAME CARLSON, ALLYN L.
STREET ADDRESS 371 BOB WHITE DR
CITY-ST-ZIP SARASOTA, FL 34236 ☒ Change ☐ Addition

TITLE D
NAME CARLSON, AIMEE V
STREET ADDRESS 405 MEADOWLARK DRIVE
CITY-ST-ZIP SARASOTA FL 34236 ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete

TITLE ☐ 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: ALLYN L. CARLSON, PRES 4-26-01 941-366-8850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90022 045 ***150.00



DO NOT WRITE IN THIS SPACE

0647336

CR2E034 (10/00)