

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000102219

1. Entity Name

CARSON MARKETING GROUP, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90215 025 ***150.00

Principal Place of Business

Mailing Address

3544 CORAL SPRINGS DRIVE
 CORAL SPRINGS FL 33065

3544 CORAL SPRINGS DRIVE
 CORAL SPRINGS FL 33065

2. Principal Place of Business

3. Mailing Address

Coral Springs
 Suite, Apt. #, etc.

3544 Coral Springs DR
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
 Coral Springs, FL
 Zip
 33065
 Country
 USA

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 Coral Springs, FL
 Zip
 33065
 Country
 USA

4. FEI Number
 65-0962654

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

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PSD	<input type="checkbox"/> Delete
NAME	CARSON, BILLY	
STREET ADDRESS	3544 CORAL SPRINGS DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CARSON, RONALD	
STREET ADDRESS	3544 CORAL SPRINGS DRIVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	William Carlson	
STREET ADDRESS	1022 middle street #1	
CITY-ST-ZIP	Fort Lauderdale, FL 33312	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-00 954-599-3191

CR2E034 (9/99)