

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 09, 2002 8:00 am**  
**Secretary of State**

04-09-2002 90055 038 \*\*\*150.00

**DOCUMENT # S60296**

1. Entity Name

**JANET CARLSON, L.C.S.W., INC.**

Principal Place of Business

~~73 S. PALM AVE.~~  
~~SUITE 222~~  
~~SARASOTA FL 34236~~

Mailing Address

~~73 S. PALM AVE.~~  
~~SUITE 222~~  
~~SARASOTA FL 34236~~

2. Principal Place of Business

2477 Stickney Pt Rd

3. Mailing Address

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

4. FEI Number

59-3073216

Applied For

Not Applicable

Zip

34231

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

**CARLSON, JANET**  
**7061 S. TAMiami TRAIL**  
**SUITE 110**  
**SARASOTA FL 34231**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-27-02

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, 2002 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 ☐ Delete  
NAME **PD**  
STREET ADDRESS **CARLSON, JANET**  
CITY-ST-ZIP **73 S PALM AVENUE #222**  
**SARASOTA FL**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2477 Stickney Pt Rd**  
CITY-ST-ZIP **11513**  
**Sarasota FL 34231**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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: Janet Carlson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JANET CARLSON 3-27-02 3654677**

Date

Daytime Phone #

CR2E034 (9/01)