

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 19, 2001 8:00 am**  
**Secretary of State**

06-19-2001 90429 015 \*\*\*150.00

DOCUMENT # **VO 1192**

1. Entity Name

**CAN Florida Properties Inc.**

Principal Place of Business

Mailing Address

**10175 W FISH BOWL DR.  
 HOMOSASSA FL. 34448**

2. Principal Place of Business

3. Mailing Address

**HOMOSASSA FL.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. Filing Number

Applied For

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

**GARY CARTER  
 10175 W FISH BOWL DR  
 HOMOSASSA FL 34448**

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, 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 ☐ Delete  
 NAME **D GARY CARTER**  
 STREET ADDRESS **10175 W FISH BOWL DR.**  
 CITY-ST-ZIP **HOMOSASSA FL. 34448**

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

TITLE ☐ Delete  
 NAME **D JEFF CARTER**  
 STREET ADDRESS **10175 W FISH BOWL DR.**  
 CITY-ST-ZIP **HOMOSASSA FL 34448**

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

TITLE ☐ Delete  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
 NAME  
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 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)(l), 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 #

**GARY CARTER 6/1/01 352-628-5337**

CR2E034 (11/00)

attachment  
DH VOL 192  
BUUS9295

PLEASE NOTE

WE DID NOT RECEIVE  
THE PREPRINTED FORM  
SO CALLED AND HAD  
THIS FORM SENT TO  
US.

WE HAVE NOT BEEN  
LATE BEFORE.

PLEASE EXCEPT THE  
REGULAR FEE OF \$150<sup>00</sup>

THANK YOU.