## 2002 Uniform Business Report (UBR)

## Mar 14, 2002 8:00 am DOCUMENT # V10857 **Secretary of State** 1. Entity Name J.M. CARRIGAN CORPORATION 03-14-2002 90018 044 \*\*\*150.00 Principal Place of Business Mailing Address 6464 PINE AVENUE 6464 PINE AVENUE SANIBEL FL 33957 SANIBEL FL 33957 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0305709 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CARRIGAN, REBECCA Street Address (P.O. Box Number is Not Acceptable) 6464 PINE AVENUE SANIBEL FL 33957 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (9/01) ☐ Addition PD ☐ Change TITLE TITLE ☐ Delete CARRIGAN, JOHN M. NAME NAME STREET ADDRESS 6464 PINE AVENUE STREET ADDRESS CITY-ST-ZIP SANIBEL FL CITY-ST-ZIP Change ☐ Addition TITLE **VD** ☐ Delete NAME CARRIGAN, JOHN M. JR. NAME STREET ADDRESS STREET ADDRESS 6464 PINE AVE CITY-ST-ZIP SANIBEL FL 33957 CITY-ST-ZIP [ ] Change ☐ Addition TITLE ☐ Delete TITI F NAME -CARRIGAN, JAMES M. NĂME STREET ADDRESS 6464 PINE AVENUE STREET ADDRESS CITY-ST-ZIP SANIBEL FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME CARRIGAN, REBECCA G. NAME STREET ADDRESS 6464 PINE AVE. STREET ADDRESS SANIBEL FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE M. NAME NAME STREET ADDRESS STREET ADDRESS Sanibel 3 3 *95 1* CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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Opposed G. Carrigan Secy-Treas

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 supplier enter 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 of sustee 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 an other like effipowered.

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