

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2003 8:00 am
Secretary of State

06-09-2003 90124 001 ***158.75

0473848 AV

DOCUMENT # **V15587**

1. Entity Name
CARPE DIEM, INC.



Principal Place of Business
**4403 ROCKCREST CIR
TAMPA FL 33624
US**

Mailing Address
**PO BOX 272975
TAMPA FL 33688
US**



2. Principal Place of Business
3340 W. Shell Point Rd

3. Mailing Address
PO Box 761

Suite, Apt. #, etc.
Ruskin

Suite, Apt. #, etc.

City & State
Ruskin, FL

City & State
Ruskin, FL

4. FEI Number **59-3107609**

Applied For
Not Applicable

Zip
33570

Country
USA

Zip
33575

Country
USA

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

**DALTON, KATHLEEN E.
4403 ROCKCREST CIR
TAMPA FL 33624**

Name

Street Address (P.O. Box Number is Not Acceptable)

811 #A Bahia Del Sol DR

City **Ruskin**

FL

Zip Code **33570**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Kathleen E. Dalton**

6/6/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **DALTON, KATHLEEN E.**
STREET ADDRESS **4403 ROCKCREST CIR**
CITY-ST-ZIP **TAMPA FL**

TITLE ☒ Change ☐ Addition
NAME **811 #A Bahia Del Sol DR**
STREET ADDRESS **Ruskin, FL**
CITY-ST-ZIP **33570**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Kathleen E. Dalton**

6/6/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

Attachment
Doc# VIS 587
80125450

re: VIS 587

Addresses had changed. Called prior to May 1 & requested copy to be mailed. Plenty of notice was given - did not receive report until this week. Do not feel I owe penalty, as due to no fault of mine or business.

Kathleen E. Datz