

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90244 030 \*\*\*150.00

**DOCUMENT # V36473**

1. Entity Name

**THE CARTRIDGE EXCHANGE, INC.**

Principal Place of Business

**10151 UNIVERSITY BLVD  
 ORLANDO FL 32817**

Mailing Address

**10151 UNIVERSITY BLVD  
 ORLANDO FL 32817**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3134373**

Applied For

Not Applicable

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

**WHITE, MARY H.  
 3528 TWISTED OAK CT  
 LAKE WALES FL 33853**

Name **Kimberly A. Watson**

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

**140 Roann Dr.**

City **Oviedo**

FL

Zip Code **32765**

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 *Kimberly A. Watson* President *Kimberly A. Watson* April 12, 2002

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

(NOTE: Registered Agent signature required when reappointing)

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, 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 **D** ☒ Delete  
 NAME **WHITE, MARY H.**  
 STREET ADDRESS **3528 TWISTED OAK CT**  
 CITY-ST-ZIP **LAKE WALES FL 33853**

TITLE **Vice President** ☒ Change ☒ Addition  
 NAME **Kim Watson**  
 STREET ADDRESS **140 Roann Dr.**  
 CITY-ST-ZIP **Oviedo, FL 32765**

TITLE **D** ☐ Delete  
 NAME **WATSON, KIMBERLY A.**  
 STREET ADDRESS **140 ROANN DR.**  
 CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **Secretary/Treasurer** ☐ Change ☒ Addition  
 NAME **David White**  
 STREET ADDRESS **396 Kantor Blvd.**  
 CITY-ST-ZIP **Casselberry, FL 32707**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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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: *Kimberly A. Watson* President *Kimberly A. Watson* 4-12-02 401-766-7335

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034-0001