

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90280 004 ***158.75

DOCUMENT # **V63344**

1. Entity Name

CARRIAGE HOUSE STUDIO, INC.



Principal Place of Business

**630 KINGSLEY AVE.
ORANGE PARK FL 32073**

Mailing Address

**4141 MAGNOLIA RD EAST
ORANGE PARK FL 32065**

2. Principal Place of Business

3. Mailing Address

4141 Magnolia Rd East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Orange Park, Florida

Zip
32065

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3147351

Applied For

Not Applicable

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

LAIRD, MICHELL

**4141 MAGNOLIA RD EAST
ORANGE PARK FL 32065**

Name

Michelle Abrisch-Laird

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

4141 Magnolia Rd E.

City

Orange Park

FL

Zip Code
32065

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

Michelle Abrisch Laird

01/13/2003

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PS
LAIRD, MICHELLE
4141 MAGNOLIA ROAD EAST
ORANGE PARK FL 32065**

☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
ABRISCH, JOY R
4141 MAGNOLIA ROAD EAST
ORANGE PARK FL 32065**

☐ Delete

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CR2E034 (10/02)

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:

Michelle Abrisch-Laird

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/13/2003

Date

Daytime Phone #