

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 05, 2002 8:00 am**  
**Secretary of State**

08-05-2002 90009 030 \*\*\*150.00

**DOCUMENT # P01000074659**

1. Entity Name  
**CARIBBEAN COTTAGES, INC.** ✓

Principal Place of Business      Mailing Address  
~~2035 CONSTITUTION BLVD.~~      ~~2035 CONSTITUTION BLVD.~~  
~~SARASOTA FL 34231~~      ~~SARASOTA FL 34231~~

2. Principal Place of Business      3. Mailing Address  
**1414 No. LAKESHORE Dr**      **PO BOX 5033**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State      4. FEI Number      Applied For  
**SARASOTA, FL**      **SARASOTA, FL**      **05-1126716**      Not Applicable

Zip      Country      Zip      Country      5. Certificate of Status Desired            \$8.75 Additional Fee Required  
**34231**      **SARASOTA**      **34277**      **SARASOTA**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**DOOLEY, WILLIAM A**  
**1432 FIRST STREET**  
**SARASOTA FL 34236**

7. Name and Address of New Registered Agent  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	
TITLE	<input type="checkbox"/> Delete
NAME	<b>D CREIGHTON, GARRETSON III</b>
STREET ADDRESS	<del>2035 CONSTITUTION BLVD.</del> <b>1414 No. LAKESHORE Dr</b>
CITY-ST-ZIP	<b>SARASOTA FL 34231</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:      **JAMES CREIGHTON, JR**      7-29-02  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (4/02)

Attachment

972771

# PO1000074659

July 29, 2002

Memo

To: Florida Department of State  
Division of Corporations

From: G. James Creighton, III, Director  
Caribbean Cottages, Inc. 

Re: 2002 Uniform Business Report

To whom it may concern:

Enclosed you will find our check in the amount of \$150.00 to pay for our annual incorporation fee. We have no record of receiving any previous notice and request that the late fee be waived.

Your cooperation in this matter will be greatly appreciated.

Address:

Caribbean Cottages, Inc.  
PO Box 5033  
Sarasota, FL 34277-5033