2002 UNIFORM BUSINESS REPORT (UBR)

Amend

DOCUMENT # L27654

1. Entity Name

CARTER CONSTRUCTION OF GAINESVILLE, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 APR 11 PM 1:58

Principal Place of Business	Mailing Address
2458 NW 15 PLACE GAINESVILLE FL 32605 US	2458 NW 15 PLACE GAINESVILLE FL 32605 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2750837 ☐ 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
CARPENTER, RONALD A. 5608 NW 43RD STREET GAINESVILLE FL 32606	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (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 $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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARPENTER, RONALD A 5608 NW 43 STR GAINESVILLE FL 32606	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300015749353 04/11/03--01034--015 **61.25	☐ Change ☐ Additi
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CARTER, IRA J. IV 2458 NW 15 PALCE GAINESVILLE FL 32605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Additi
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP CARTER, SUSAN B. 2458 NW 15 PLACE GAINESVILLE FL 32605	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Additi
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE VP / NAME / STREET ADDRESS / CITY-ST-ZIP	CARTER, IRA J. V 2458 NW 15 PLACE GAINESVILLE FL 32605	☐ Change ☒ Additi
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Additi
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Additi

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: [signature] 4/10/2003 (352) 377-5[illegible]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #