

AMENDED
FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L43597**

1. Entity Name

DAVID E. PARTRIDGE CARPENTRY, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1061 16th Ave S.W

Suite, Apt. #, etc.

City & State

NAPLES, FL. 34117

Zip

Country

USA

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0163113

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

DAVID E. PARTRIDGE

Street Address (P.O. Box Number is not acceptable)

1061 16th Ave S.W

City

NAPLES, FL.

FL

Zip Code

34117

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
DAVID E. PARTRIDGE
1061 16th Ave S.W
NAPLES, FL. 34117

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE-PRESIDENT
SHEREE PARTRIDGE
1061 16th Ave S.W
NAPLES, FL. 34117

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
ARMONDO GARCIA
2754 4TH TERR NW
NAPLES, FL. 34116

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
GARY RANKIN
1891 SUNSHINE BLVD
NAPLES, FL. 34117

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Sheree Partridge **V-P Sheree Partridge** **11-11-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)