

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 20, 2000 8:00 am**  
**Secretary of State**

07-20-2000 90024 019 \*\*\*550.00

**DOCUMENT # L96734**

1. Entity Name

**DAVID CARBO CONSTRUCTION, INC.** ✓

Principal Place of Business

6077 NW 56TH COURT  
 CORAL SPRINGS FL 33067

Mailing Address

6077 NW 56TH COURT  
 CORAL SPRINGS FL 33067

2. Principal Place of Business

8651 GOLD CAY

3. Mailing Address

8651 GOLD CAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

4. FEI Number

65-0213097

Applied For

Not Applicable

Zip

Country

33411 USA

Zip

Country

33411

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CARBO, DAVID**  
 6077 NW 56TH COURT  
 CORAL SPRINGS FL 33067

7. Name and Address of New Registered Agent

Name

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

8651 GOLD CAY

City

WEST PALM BEACH

FL

Zip Code

33411

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 the registered agent or officer, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Handwritten Signature]*

7/17/00

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, 2000** Min. 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	CARBO, DAVID	6077 NW 56TH COURT	CORAL SPRINGS FL	<input type="checkbox"/>
S	CARBO, PATRICIA	6077 NW 56TH COURT	CORAL SPRINGS FL	<input type="checkbox"/>
VP	CARBO, DANIEL	6077 NW 56TH COURT	CORAL SPRINGS FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
OK	OK	8651 GOLD CAY	WEST PALM BEACH, FL 33411	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OK	OK	8651 GOLD CAY	WEST PALM BEACH, FL 33411	<input checked="" type="checkbox"/>	<input type="checkbox"/>
OK	OK	8651 GOLD CAY	WEST PALM BEACH, FL 33411	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 REQUIRED  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/00

Date

561-795-6632

Daytime Phone #