

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 01 OCT 18 PM 6:50  
 182  
 26600  
 AV

**DOCUMENT # P0000091789**  
 1. Entity Name  
**F.P.C. CARPENTRY SERVICES, INC.**

Principal Place of Business      Mailing Address  
**705 S LOCKWOOD RIDGE RD**      **705 S LOCKWOOD RIDGE RD**  
**SARASOTA FL 34231**      **SARASOTA FL 34231**

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      Applied For  
**65-1043326**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**PREWETT, DANIEL L**  
**5777 BENEVA ROAD SOUTH**  
**SARASOTA FL 34233**

**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.  
 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 \$550.00**  
**After September 12, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>DICOSTANZO, FRANK</b> <b>705 S LOCKWOOD RIDGE RD</b> <b>SARASOTA FL 34231</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pres, Treas, Sec</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100004662801--1</b> <b>11/01/01--01052--009</b> <b>****150.00 ****150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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      **9-17-01**      **944-321-3225**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (5/01)

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F.P.C. CARPENTRY SERVICES, INC.  
705 S. LOCKWOOD RIDGE ROAD  
SARASOTA, FL 34231  
(941) 321-3225

October 15, 2001

Florida Department of State  
Attn: Leslie Sellers  
P.O. Box 6327  
Tallahassee, FL 32314


RE: FPC Carpentry Services, Inc.  
P00000091789

Dear Sir or Madam:

Enclosed is my Annual Report for the above referenced corporation. I did not receive the original report sent to my business. Therefore, I have sent the enclosed as soon as I was aware of the lateness of my filing. Please abate the penalty of \$400.00 and reinstate my corporation.

Thank you for your time and consideration in this matter.

Sincerely,



Frank Dicostanzo  
President