FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

hment with an address, with all oth

STURVE ONE PILES

JOHNAUS METARE OF PRINTED MANS DE REPHACES POR CONTROL TON

## Jul 12, 2001 8:00 am Secretary of State DOCUMENT # 176538 1. Entity Name 07-12-2001 90001 011 \*\*\*550 00 CARBONELL INC Principal Place of Business Mailing Address 3142 NORTHSIDE DR. 3142 NORTHSIDE DR. A007664n SUITE 201 SUITE 201 KEY WEST FL 33040 KEY WEST FL 33040 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-0712936 Not Applicable - Zip Country Country ~~~ \$8.75 Additional 5. Certificate of Status Desired ... Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARBONELL, JOHN III Street Address (P.O. Box Number is Not Acceptable) 1323 20TH TERRACE KEY WEST FL 33040 Zip Code FL 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. $lac{ootnotesize{ abla}}{ootnotesize{ abla}}$ id Signature, registered Agent stays the same **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) name of registered agent and title if applicable FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete TITLE Change ☐ Addition CR2E034 (5/01 DAVIS, PATRICK S NAME NAME P.O. BOX 531 N/A STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOOD RIVER OR CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CARBONELL, JOSEPH S. NAME 1118 17TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP KEY WEST, FL CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete NAME CARBONELL- YOUNG, ST YGNACIA "CONI" STREET ADDRESS 21044 MARGUERITE RD. STREET ADDRESS CITY-ST-ZIP **BROOKSVILLE FL 34601** CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME YATES, KATHRYN NAME STREET ADDRESS **31551 WARNER ST.** STREET ADDRESS CITY-ST-ZIP BIG PINE KEY FL 33043 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME CARBONELL, JOHN III NAME STREET ADDRESS 1323 20TH TERRACE STREET ADDRESS CITY-ST-ZIP KEY WEST FL 33040 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 ampowered.

7-5-01

305-296-6166

Daytime Phone #