

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 11, 2003 8:00 am**  
**Secretary of State**

08-11-2003 90289 004 \*\*\*550.00

0030212 AV

**DOCUMENT # 176538**

1. Entity Name  
**CARBONELL INC**



Principal Place of Business  
**3142 NORTHSIDE DR.  
SUITE 201  
KEY WEST FL 33040**

Mailing Address  
**3142 NORTHSIDE DR.  
SUITE 201  
KEY WEST FL 33040**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0712936**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

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

**CARBONELL, JOHN III  
1323 20TH TERRACE  
KEY WEST FL 33040**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIS, PATRICK S</b>	
STREET ADDRESS	<b>P.O. BOX 531 N/A</b>	
CITY-ST-ZIP	<b>HOOD RIVER OR</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CARBONELL, JOSEPH S.</b>	
STREET ADDRESS	<b>1118 17TH STREET</b>	
CITY-ST-ZIP	<b>KEY WEST FL</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>CARBONELL-YOUNG, ST YGNACIA "CONI"</b>	
STREET ADDRESS	<b>21044 MARGUERITE RD.</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL 34601</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>YATES, KATHRYN</b>	
STREET ADDRESS	<b>31551 WARNER ST.</b>	
CITY-ST-ZIP	<b>BIG PINE KEY FL 33043</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CARBONELL, JOHN III</b>	
STREET ADDRESS	<b>1323 20TH TERRACE</b>	
CITY-ST-ZIP	<b>KEY WEST FL 33040</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** SIGNATURE REQUIRED **8-6-03** **305-296 6166**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)