

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 196447

1. Entity Name

CARLSON CONSTRUCTION CO

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90057 012 ***150.00

Principal Place of Business

2085 NE 121ST RD.
NO MIAMI FL 33181
US

Mailing Address

2085 N.E. 121ST ROAD
N. MIAMI FL 33181-3323
US

2. Principal Place of Business

11356 S.W. 17TH COURT

3. Mailing Address

11356 S.W. 17TH COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIRAMAR, FL

City & State

MIRAMAR, FL

4. FEI Number

59-0759045

Applied For

Not Applicable

Zip

33025

Country

USA

Zip

33025

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARLSON, ROSALIE
2085 N.E. 121ST RD.
NORTH MIAMI FL 33181

7. Name and Address of New Registered Agent

Name CARLSON, ROSALIE

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

11356 S.W. 17TH COURT

City

MIRAMAR

FL

Zip Code

33025

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 ☐ Delete
NAME P
STREET ADDRESS CARLSON, JOHN R
CITY-ST-ZIP 2085 NE 121ST RD
N MIAMI FL 33181

TITLE ☐ Delete
NAME SD
STREET ADDRESS CARLSON, ROSALIE
CITY-ST-ZIP 2085 NE 121ST RD
MIAMI, FL 00000

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John R. Carlson Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/2000
Date

305-5953596
Daytime Phone #

CR2F034 (9/99)