## **2001 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE/

## May 15, 2001 8:00 am Secretary of State DOCUMENT # F0000001728 CEI CARPENTRY ENTERPRISES, INC. 05-15-2001 90137 033 \*\*\*150.00 Principal Place of Business Mailing Address 11247 SAN JOSE BLVD 11247 SAN JOSE BLVD JACKSONVILLE FL 32223 B0055919 : JACKSONVILLE FL 32223 3. Mailing Address 2. Principal Place of Business 44 N. LAKE Cunningham Ave 144 N. LAKE Ownwigham AVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 58-2345855 Not Applicable acksonuille acksonuille Country \$8.75 Additional Zip Country > Zip 5. Certificate of Status Desired 38259 Fee Required <u>John s</u> Johns 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Pesce Richard PESCE. RICHARD A Number is Not Acceptable) Cunningham Aue 11247 SAN JOSE BLVD. JACKSONVILLE FL 32223 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. CR2E034 (10/00) Change ☐ Addition TITLE ☐ Delete TITLE PESCE, RICHARD A PESCE RICHARD A. 144 N. LAKE CUNNING ham AVE NAME NAME 11247 SAN JOSE BLVD, STE #2015 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE, Fl. 32259 ☐ Delete TITLE TITLE PESCE, MICHELE A PESCE, Michele A. NAME NAME 11247 SAN JOSE BLVD, STE #2015 144 N. LAKE Cunningham AVE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL CITY-ST-ZIP CITY-ST-ZIP Jacksonville, AAL 32259 Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.