

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90218 017 ***150.00

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AT

DOCUMENT # F02000001964

1. Entity Name
CARAWAY ABC CONTRACTORS, INC.



Principal Place of Business
2525 PILGRIM MILL CIRCLE
CUMMING GA 30041

Mailing Address
2525 PILGRIM MILL CIRCLE
CUMMING GA 30041



2. Principal Place of Business

3. Mailing Address

1555 San Marino Ct

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Punta Gorda, FL

City & State

4. FEI Number **58-2289376**

Applied For
Not Applicable

33950 USA

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

CARAWAY, STINEN
2670 NEW YORK STREET
JAY FL 32565

Audrey Caraway

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

1555 San Marino Court

Punta Gorda

FL

33950

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 *Audrey Caraway* *AUDREY CARAWAY VP* *4/4/03*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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 **P** ☐ Delete
NAME **CARAWAY, WILLBURN E**
STREET ADDRESS **2525 PILGRIM MILL CIRCLE**
CITY-ST-ZIP **CUMMING GA 30041**

TITLE *P.* ☐ Change ☐ Addition
NAME *Caraway, Willburn*
STREET ADDRESS *1555 San Marino Court*
CITY-ST-ZIP *Punta Gorda, FL. 33950*

TITLE **VST** ☐ Delete
NAME **CARAWAY, AUDREY**
STREET ADDRESS **2525 PILGRIM MILL CIRCLE**
CITY-ST-ZIP **CUMMING GA 30041**

TITLE *VST* ☐ Change ☐ Addition
NAME *Caraway, Audrey*
STREET ADDRESS *1555 San Marino Court*
CITY-ST-ZIP *Punta Gorda, FL. 33950*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 *Audrey Caraway VP* *AUDREY CARAWAY VP* *4-4-03* *941-505-1377*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)