

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 DEC 13 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F39705**

1. Entity Name

CARSWELL CONSTRUCTION, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2235 N. Courtney Pkwy

3. Mailing Address
SAME

Suite, Apt. #, etc.
Ste. B

Suite, Apt. #, etc.

City & State
Merritt Island Florida

City & State

Zip
32953-5229

Country US

Zip

Country

4. FEI Number
59-2102736

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Carswell, Harry D.

Street Address (P.O. Box Number is Not Acceptable)
2235 North Courtney Parkway

Suite B

City Merritt Island

FL

Zip Code 32953

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.

11-12-2002

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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 DP
NAME Carswell, Harry D.
STREET ADDRESS 2235 N. Courtney Pkwy Ste. B
CITY-STATE-ZIP Merritt Island, FL 32953

TITLE V
NAME Lovell, Ron
STREET ADDRESS 2235 N. Courtney Pkwy Ste. B
CITY-STATE-ZIP Merritt Island, FL 32953

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ST
NAME Carswell, Nancy J.
STREET ADDRESS 2235 N. Courtney Pkwy Ste. B
CITY-STATE-ZIP Merritt Island, FL 32953

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
11/22/02--01016--001 ***\$1.25

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
2000009159992
11/22/02--01016--001 ***\$1.25

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
2000009159992
12/13/02--01057--003 ***\$0.00

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-12-2002 321 452-9300

Date

Daytime Phone #

CR2E034B (12/01)