

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # G01938**

1. Entity Name

**NORTH CARPENTER CONSTRUCTION, INC.****FILED**  
**Apr 10, 2001 8:00 am**  
**Secretary of State**

04-10-2001 90128 047 \*\*\*150.00

0289447

Principal Place of Business <b>2463 NO. WALLEN DR. PALM BEACH GARDENS FL 33410</b>	Mailing Address <b>2463 NO. WALLEN DR.. PALM BEACH GARDENS FL 33410</b>
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**C0044204**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-2345741</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent****MADRAVAZAKIS, JIM D.  
2463 NO. WALLEN DR.,  
PALM BEACH GARDENS FL 33410****7. Name and Address of New Registered Agent**

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.**

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, 2001 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	<b>PST</b>	<input type="checkbox"/> Delete
NAME	<b>MADRAVAZAKIS, JIM D.</b>	
STREET ADDRESS	<b>2463 NO. WALLEN DR.</b>	
CITY-ST-ZIP	<b>PALM BCH GARDENS FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MADRAVAZAKIS, JIM D.</b>	
STREET ADDRESS	<b>2463 NO. WALLEN DR.</b>	
CITY-ST-ZIP	<b>PALM BCH GARDENS FL</b>	

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

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Jim Madravaakis Apr 7/01 561-694-2719**

Date

Daytime Phone #

CR2E034 (10/00)