

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G61500**

1. Entity Name

**CARROLL BROTHERS CONSTRUCTION, INC.**

Principal Place of Business

5141 SUMMIT BLVD.  
WEST PALM BEACH FL 33415

Mailing Address

POST OFFICE BOX 18408  
WEST PALM BEACH FL 33416

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2327249**

Applied For

Not Applicable

Zip

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**GOMEZ, PATTI Carroll**  
2030 NW 16TH ST  
DELRAY BEACH FL 33445

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, 2002 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

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARROLL, CHARLES J 11899 SE INDIAN RIVER DR HOBE SOUND FL 33455	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VFOD CARROLL, MICHAEL W 13566 NORTH ROAD LOXAHATCHEE FL 33470	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GOMEZ, PATTI CARROLL 2030 NW 16TH ST DELRAY BEACH FL 33445	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTDC Gomez, Patti Carroll 2030 NW 16th Street Delray Beach, FL 33445 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GOMEZ, PATTI C 2030 NW 16TH STREET DELRAY BEACH FL 33445	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

*Patti Carroll Gomez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
May 09, 2002 8:00 am  
Secretary of State

05-09-2002 90020 021 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)

Date

Daytime Phone #