

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90206 021 ***150.00

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

Country

Zip

Country

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

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOMEZ, PATTI C
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **VD** ☐ Delete
NAME **CARROLL, CHARLES J**
STREET ADDRESS **11899 SE INDIAN RIVER DR**
CITY-ST-ZIP **HOBE SOUND FL 33455**

TITLE **VDO** ☐ Change ☒ Addition
NAME **Carroll, Charles J.**
STREET ADDRESS **11899 SE Indian River Dr.**
CITY-ST-ZIP **Hobe Sound, FL 33455**

TITLE **VFOD** ☐ Delete
NAME **CARROLL, MICHAEL W**
STREET ADDRESS **13566 NORTH ROAD**
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

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

TITLE **PSTD** ☐ Delete
NAME **GOMEZ, PATTI CARROLL**
STREET ADDRESS **2030 NW 16TH ST**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

TITLE **PSTDCO** ☐ Change ☒ Addition
NAME **Gomez, Patti Carroll**
STREET ADDRESS **2030 NW 16th St.**
CITY-ST-ZIP **Delray Beach, FL 33445**

TITLE **C** ☒ Delete
NAME **GOMEZ, PATTI C**
STREET ADDRESS **2030 NW 16TH STREET**
CITY-ST-ZIP **DELRAY BEACH FL 33445**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan. 17, 03 **561/684-7484**
Date Daytime Phone #

CR2E034 (10/02)