2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

1901 SOUTH HARBOR CITY BLVD., SUITE 715

DOCUMENT #

Principal Place of Business

1901 SOUTH HARBOR CITY BLVD., SUITE 715

J27182

1. Entity Name

D O DOV 201470

CARPENTER & CARPENTER, C.P.A., P.A.



FILED Mar 03, 2003 8:00 am Secretary of State

03-03-2003 90852 048 ***150.00

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MELBOURNE FL 32936-9476 MELBOURNE FL 32936-94												
2. Principal Place of Business 304 S. Harbor City Blvd.				3. Mailing Address 304 S. Harbor City Blvd.								
Suite, Apt. #, etc. Suite 101 Suite 101 Suite 101								CHECK HERE IF MAKING CHANGES				
City & State	& State	ite			4. FEI Number 59-2707150 Applied For							
Zip	ourne, FL 32901 Melbourne, FL Country Zip				Country						ot Applicable	
32901	01 USA 32901					<u> </u>		5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name						
CARPENT	'ER, DARWI	N.R.JR				Name						
	RBOR CITY	•			- 1	Street Address (P.O. Box Number is Not Acceptable)						
STE 101		DETO				· u	·					
MELBOURNE FL 32901						City		·	FL	Zip Cod	e	
8 The above	named entity	submits this statement to	the nurr	nose of changing its	ragistared	office or regio	torod on	gent, or both, in the State of Florida.		'		
the obligati	ions of regist	ered agent.	i ino puis	oose or changing its	registereu	onice or regis	stered ag	gent, or both, in the state of Florida.	таппа	milar Willi,	and accept	
SIGNAŤURE .	Signature typeri	or printed name of registered agent :	and little if any	NOTE (NOTE	Pagistared A	gent signature requ	ind uban sa	(cinetarine)	ATT		 j	
			ino ine in ap	Jicabia. (NOTE	; Registered A	gent signature requ	irea when re	einstating) L	ATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00								Election Campaign Financing Trust Fund Contribution.	g 🗆		May Be	
Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS												
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NAME		ER, DARWIN R., JR	ż	L Delete	NAME					☐ Change	☐ Addition	
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iz. Thereby ca	ertity that the	information supplied with	thic filing	door not qualify for t	ha avama	tion atatad in C	Contina 1	140 07(0)(i) Flacide Otensee 17 35 -		10 x x1 2	,	

inereby 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. OUDarwin R. CArpenter, JR.

SIGNATURE: 🚣

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAGO OFFICER OR DIRECTOR

Date

2/28/03 321-952-5200

Daytime Phone #