FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90157 002 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L23694

1. Entity Name
SOUTH LAKE CARPENTRY, INC.

Principal Place of Business	Mailing Address
11601 AUDUBOND LANE CLERMONT, FL 34711 US	11601 AUDUBOND LANE CLERMONT, FL 34711 US

2. Principal Place of Business	3. Mailing Address
12651 NE 10th Avenue Suite, Apt. #, etc.	12651 NE 10th Avenue Suite, Apt. #, etc.
City & State: Trenton, FL	City & State: Trenton, FL
Zip: 32693 Country: US.	Zip: 32693 Country: U.S.

CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-2868841 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DUKES, CHARLES E. ~~11604 AUDUBOND LANE~~ ~~CLERMONT, FL 34711~~	Name Street Address (P.O. Box Number is Not Acceptable): 12651 NE 10th Avenue City: Trenton, FL Zip Code: 32693

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: _____ DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D DUKES, CHARLES E. ~~11604 AUDUBOND LANE~~ ~~CLERMONT, FL~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 12651 NE 10th Avenue Trenton, FL 32693
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S DUKES, NANCY I. ~~11604 AUDUBOND LANE~~ ~~CLERMONT, FL 34711~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 12651 NE 10th Avenue Trenton, FL 32693
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S HILBERT, LINDA N 8073 SIMONS ST BROOKSVILLE, FL 34613 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Nancy I. Dukes VP 4/28/03 (352)-490-7058
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)