

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

FILED

02 SEP 30 PM 12:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-10/02/02--01023--013
*****61.25 *****61.25

DOCUMENT # 45381
1. Entity Name
Premiere Carpentry Service, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
533 Tiffany Ln
Suite, Apt. #, etc.

3. Mailing Address
533 Tiffany Ln
Suite, Apt. #, etc.

City & State
Sanford FL
Zip
32773
Country
U.S.

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Sanford FL
Zip
32773
Country
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4. FEI Number
59-2995058
Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent
Name William C. Nixon
Street Address (P.O. Box Number is Not Acceptable)
533 Tiffany Ln
City Sanford State FL Zip 32773

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 re-registering) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	<u>President Nixon William C 533 Tiffany Ln Sanford FL 32773</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Secretary Nixon Tammy L 533 Tiffany Ln Sanford FL 32773</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>Vice President Alanagan James 1445 Marsh Creek Lane Orlando FL 32839</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Tammy Nixon Tammy Nixon 9/9/02 407-321-0313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #