

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2000 8:00 am
Secretary of State
 03-21-2000 90043 035 ***150.00

DOCUMENT # L96331

1. Entity Name

ROLLING CARPENTRY, INC.

Principal Place of Business

**8308 PELICAN RD
 ENGLEWOOD FL 34224**

Mailing Address

**8308 PELICAN RD
 ENGLEWOOD FL 34224-8813**

2. Principal Place of Business

8308 Pelican Rd
 Suite, Apt. #, etc.

3. Mailing Address

Same
 Suite, Apt. #, etc.

City & State

Englewood Florida

City & State

Englewood Florida

4. FEI Number

65-0217258

Applied For

Not Applicable

Zip

34224

Country

Charlotte

Zip

34224

Country

Charlotte

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ROLLING, JOSEPH E SR
 8308 PELICAN RD
 ENGLEWOOD FL 34224**

7. Name and Address of New Registered Agent

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, 2000 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

TITLE **D**
 NAME **ROLLING, JOSEPH E**
 STREET ADDRESS **8308 PELICAN RD**
 CITY-ST-ZIP **ENGLEWOOD FL**

☐ Delete

TITLE **D**
 NAME **ROLLING, JOYCE**
 STREET ADDRESS **8308 PELICAN RD**
 CITY-ST-ZIP **ENGLEWOOD FL**

☐ Delete

TITLE **-**
 NAME **-**
 STREET ADDRESS **-**
 CITY-ST-ZIP **-**

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TITLE **-**
 NAME **-**
 STREET ADDRESS **-**
 CITY-ST-ZIP **-**

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **-**
 NAME **-**
 STREET ADDRESS **-**
 CITY-ST-ZIP **-**

☐ Change ☐ Addition

TITLE **-**
 NAME **-**
 STREET ADDRESS **-**
 CITY-ST-ZIP **-**

☐ Change ☐ Addition

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 STREET ADDRESS **-**
 CITY-ST-ZIP **-**

☐ Change ☐ 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: *Joseph E. Rolling*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-14-2000 941-697-3521

CR2E034 (9/99)