

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90024 019 ***550.00

DOCUMENT # L96734

1. Entity Name

DAVID CARBO CONSTRUCTION, INC. ✓

Principal Place of Business

6077 NW 56TH COURT
CORAL SPRINGS FL 33067

Mailing Address

6077 NW 56TH COURT
CORAL SPRINGS FL 33067

2. Principal Place of Business

8651 GOLD CAY

3. Mailing Address

8651 GOLD CAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

Country

33411 USA

Zip

Country

33411

4. FEI Number

65-0213097

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARBO, DAVID
6077 NW 56TH COURT
CORAL SPRINGS FL 33067

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

8651 GOLD CAY

City

WEST PALM BEACH

FL

Zip Code

33411

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 or officer if applicable

(NOTE: Registered Agent signature required when reinstating)

7/17/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	CARBO, DAVID	
STREET ADDRESS	6077 NW 56TH COURT	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	CARBO, PATRICIA	
STREET ADDRESS	6077 NW 56TH COURT	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CARBO, DANIEL	
STREET ADDRESS	6077 NW 56TH COURT	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	OK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OK	
STREET ADDRESS	8651 GOLD CAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	OK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OK	
STREET ADDRESS	8651 GOLD CAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE	OK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OK	
STREET ADDRESS	8651 GOLD CAY	
CITY-ST-ZIP	WEST PALM BEACH, FL 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

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

7/17/00

Date

561-795-6632

Daytime Phone #