

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

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90190 038 ***158.75

DOCUMENT # <u>M85911</u>	
1. Entity Name	
CARPENTRY DESIGNS & CONCEPTS INC	

DO NOT WRITE IN THIS SPACE

40079337

2. Principal Place of Business 2336 SE OCEAN BLVD		3. Mailing Address	
Suite, Apt. #, etc. 132		Suite, Apt. #, etc.	
City & State STUART, FL		City & State	
Zip 34996	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name <u>JAMES M Costello</u>	
		Street Address (P.O. Box Number is Not Acceptable) <u>2336 SE ocean Blvd. #132</u>	
		City <u>stuart</u>	FL

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

[Signature]
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/23/06

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President/Secretary</u> <u>James M Costello</u> <u>2336 SE OCEAN Blvd. #132</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>STUART FL 34996</u>
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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)(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 on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] JAMES M. Costello

4/23/06 5615732003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #