

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000001432

1. Entity Name

THE CARPENTER'S HOUSE, INC.

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90086 004 ****61.25

Principal Place of Business

5335 RAMONA BLVD.
JACKSONVILLE FL 32205

Mailing Address

5335 RAMONA BLVD.
JACKSONVILLE FL 32205-4414

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3435836

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MCINTYRE, HOWARD
8039 CUMBERLAND GAP TRAIL NORTH
STE. 200
JACKSONVILLE FL 32244

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME MCINTYRE, HOWARD L ☐ Delete
STREET ADDRESS 8039 CUMBERLAND GAP TRAIL N.
CITY-ST-ZIP JACKSONVILLE FL 32244

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD
NAME HALL, STEVEN R ☐ Delete
STREET ADDRESS 3674 SAN VISCAYA DRIVE
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE STD
NAME HOGGATT, MARTHA G ☒ Delete
STREET ADDRESS 1373 ROSE HILL DR E
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE STD
NAME SULLIVAN, LAURA ☒ Change ☐ Addition
STREET ADDRESS 8077 NOROAD
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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:

Howard L. McIntyre
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-00

904-781-9655

Date

Daytime Phone #