

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90331 036 ***150.00

DOCUMENT # P00000006100

1. Entity Name

CARLSON CUSTOM BUILDING, INC.

Principal Place of Business

**11817 LARK SONG LOOP
RIVERVIEW FL 33569**

Mailing Address

**11817 LARK SONG LOOP
RIVERVIEW FL 33569**

2. Principal Place of Business

333 FAULKENBERG RD

3. Mailing Address

333 FAULKENBERG RD

Suite, Apt. #, etc.

B-209

Suite, Apt. #, etc.

B-209

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33619

Country

U.S.A

Zip

33619

Country

U.S.A

6. Name and Address of Current Registered Agent

TAMARGO, TED R ESQ.

401 E. JACKSON ST., STE. 2650

TAMPA FL 33602

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, 2002 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** ☐ Delete
NAME **CARLSON, W. SHANE**
STREET ADDRESS **11817 LARK SONG LOOP**
CITY-ST-ZIP **RIVERVIEW FL 33569**

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

SHANE CARLSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/22/2002
Date

(813) 245-7405
Daytime Phone #

CR2E034 (9/01)