2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

3. Mailing Address

City & State

an address, with all other like empowered.

Suite, Apt. #, etc.

4971 BROOKMEADE DRIVE SARASOTA FL 34232

P00000033940 DOCUMENT # 1. Entity Name ARNOLD ADAMS CARPENTRY, INC.

Principal Place of Business

4971 BROOKMEADE DRIVE

2. Principal Place of Business

Country

6. Name and Address of Current Registered Agent

SARASOTA FL 34232

Suite, Apt. #, etc.

ADAMS, ARNOLD A

4917 BROOKMEADE DR. SARASOTA FL 34232

the obligations of registered agent.

changed, or on an attachment w

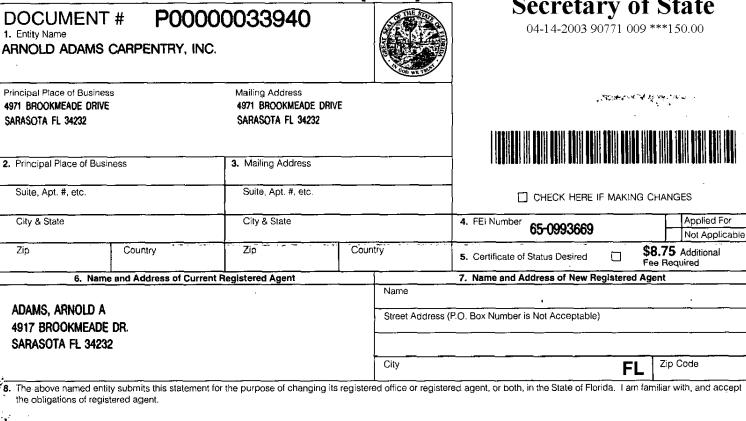
SIGNATURE:

City & State

Zip



CR2E034 (10/02)



Date

Daytime Phone #

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 c Payable (o Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. C		May Be to Fees
102 OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, ARNOLD A SR. 4917 BROOKMEADE DR. SARASOTA FL 34232	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS — CITY-ST-ZIP——		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
indicated	on this report or supplemental report is true a	ind accurate and that n	ny signature shall have th	Section 119.07(3)(i), Florida Statutes. I further cer le same legal effect as if made under oath; that I a 007, Florida Statutes; and that my name appears in	am an officer o	or director