

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90305 048 ***150.00

DOCUMENT # P00000034894

1. Entity Name

DOUBLE D CARPENTRY, INC

Principal Place of Business

**6958 SLASH PINE ROAD
 PENSOLA FL 32526**

Mailing Address

**6958 SLASH PINE ROAD
 PENSOLA FL 32526**

2. Principal Place of Business

6804 Old Bagdad Hwy.

3. Mailing Address

6804 Old Bagdad Hwy.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Milton, FL

City & State

Milton, FL

Zip

32583

Country

Zip

32583

Country

4. FEI Number

59-3637067

Applied For

Not Applicable

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

**EBENTHEUER, DAVID H
 6958 SLASH PINE ROAD
 PENSOLA FL 32526**

Name

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

6804 Old Bagdad Hwy.

City **Milton**

FL

Zip Code

32583

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **EBENTHEUER, DAVID H**
 CITY-ST-ZIP **6958 SLASH PINE ROAD
 PENSOLA FL 32526**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **6804 Old Bagdad Hwy.**
 CITY-ST-ZIP **Milton, FL 32583**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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

David H. Ebentheuer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-02

Date

850-221-4025

Daytime Phone #

CR2E034 (9/01)