

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Sep 11, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000039213**1. Entity Name
JOHN P. CARROLL BUILDING CONTRACTOR, INC.Principal Place of Business
72 CAROLYNN LANE
SANTA ROSA BEACH FL 32459
Mailing Address
72 CAROLYNN LANE
SANTA ROSA BEACH FL 324592. Principal Place of Business
Suite, Apt. #, etc.
3. Mailing Address
BOX 611088
Suite, Apt. #, etc.City & State
City & State
ROSEMARY BEACH FLZip Country
32461 US4. FEI Number
59-3643380
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCARROLL JOHN P
72 CAROLYNN LANE
SANTA ROSA BEACH FL 32459**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 _____ 09/11/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	PVST	NAME	STREET ADDRESS	CITY-ST-ZIP	FL 32459	Delete
		CARROLL JOHN P	72 CAROLYNN LANE	SANTA ROSA BEACH	FL 32459	<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PVST	NAME	STREET ADDRESS	CITY-ST-ZIP	FL 32461	Change	Addition
		CARROLL JOHN P	BOX 611088	ROSEMARY BEACH	FL 32461	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

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: John P. Carroll PVST 09/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)