

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000091789

1. Entity Name
F.P.C. CARPENTRY SERVICES, INC.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 OCT 18 PM 6:50

182

Principal Place of Business
705 S LOCKWOOD RIDGE RD
SARASOTA FL 34231

Mailing Address
705 S LOCKWOOD RIDGE RD
SARASOTA FL 34231

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1043326

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

PREWETT, DANIEL L
5777 BENEVA ROAD SOUTH
SARASOTA FL 34233

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DICOSTANZO, FRANK
705 S LOCKWOOD RIDGE RD
SARASOTA FL 34231

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Pres, Treas, Sec
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
100004662801--1
-11/01/01--01052--009
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☐ Change ☐ Addition

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

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-17-01

Date

941-321-3225

Daytime Phone #

CR2E034 (5/01)

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**F.P.C. CARPENTRY SERVICES, INC.
705 S. LOCKWOOD RIDGE ROAD
SARASOTA, FL 34231
(941) 321-3225**

October 15, 2001

**Florida Department of State
Attn: Leslie Sellers
P.O. Box 6327
Tallahassee, FL 32314**


**RE: FPC Carpentry Services, Inc.
P00000091789**

Dear Sir or Madam:

Enclosed is my Annual Report for the above referenced corporation. I did not receive the original report sent to my business. Therefore, I have sent the enclosed as soon as I was aware of the lateness of my filing. Please abate the penalty of \$400.00 and reinstate my corporation.

Thank you for your time and consideration in this matter.

Sincerely,



**Frank Dicostanzo
President**