

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000096807

1. Entity Name
HAAS CARPENTRY, INC.

FILED
Feb 12, 2001 8:00 am
Secretary of State
02-12-2001 90233 018 ***158.75

Principal Place of Business
**2578 FRANK SMITH RD.
QUINCY FL 32351**

Mailing Address
**2578 FRANK SMITH RD.
QUINCY FL 32351**

919183



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7043 Mc Bride Point
Suite, Apt. #, etc.

3. Mailing Address
7043 Mc Bride Point
Suite, Apt. #, etc.

City & State
Tallahassee, FL
Zip
32312 Country
USA

City & State
Tallahassee, FL
Zip
32312 Country
USA

4. FEI Number
59-3673410 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

**HAAS, TERRI L
2578 FRANK SMITH RD.
QUINCY FL 32351**

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 *Terri L. Haas*, Terri L. Haas, Vice-Pres. **2-6-01**
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P HAAS, ROBBIE L 2578 FRANK SMITH RD. QUINCY FL 32351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HAAS, TERRI L 2578 FRANK SMITH RD. QUINCY FL 32351	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Terri L. Haas*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-01 850-508-8183
Date Daytime Phone #

CR2E034 (10/00)