

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**  
 05-01-2001 90128 045 \*\*\*158.75

0599300

**DOCUMENT # P00000105651**

1. Entity Name

**ABC CONSTRUCTION OF ENGLEWOOD, INC.**

Principal Place of Business

**6145 SEAPORT STREET  
 PORT CHARLOTTE FL 33981**

Mailing Address

**6145 SEAPORT STREET  
 PORT CHARLOTTE FL 33981**

2. Principal Place of Business

**6145 SEAPORT STREET**  
 Suite, Apt. #, etc.

3. Mailing Address

**6145 SEAPORT STREET**  
 Suite, Apt. #, etc.

City & State

**Port Charlotte, FL**

Zip

**33981**

Country

**USA**

City & State

**Port Charlotte, FL**

Zip

**33981**

Country

**USA**

4. FEI Number

**65-1060118**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**KEYES, GERALD E  
 333 WEST MIAMI AVENUE  
 VENICE FL 34285**

7. Name and Address of New Registered Agent

Name

**SHAWN CARVEY**

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

**6145 SEAPORT STREET**

City

**Port Charlotte**

FL

Zip Code

**33981**

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, 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

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CARVEY, SHAWN</b>	
STREET ADDRESS	<b>6145 SEAPORT STREET</b>	
CITY-ST-ZIP	<b>PORT CHARLOTTE FL 33981</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>LARRY CARVEY</b>	
STREET ADDRESS	<b>6412 BLUEBERRY DRIVE</b>	
CITY-ST-ZIP	<b>ENGLEWOOD FL 34224</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SHAWN CARVEY**

**4/25/01**

DATE

**475-5232**

DAYTIME PHONE #

CR2E034 (10/00)