2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P0100007693 **DOCUMENT #**

1. Entity Name

RIGHT ANGLE CARPENTRY, INC.



FILED Apr 21, 2003 8:00 am Secretary of State

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4-21-2003	90437	030	***1	50.00

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Principal Place of Business 12991 NE 131ST PLACE ARCHER FL 32618			12991	g Address NE 131ST PLACE IER FL 32618	. , , ,				!! !!! !! !!! !!		1 6188 (1111 1 68)		
Principal Place of Business 3. Mailing Address													
Suite, Apt.	#, etc.		Suite	e, Apt. #, etc.				☐ CHECK HERE IF	MAKING	CHANGES			
City & State			City	City & State			4.	4. FEI Number 59-3695660			oplied For		
Zip	C	ountry	Zip Country			5.	5. Certificate of Status Desired \$8.75 Additional Fee Required						
	6. Name and	Address of Curren	t Registere	d Agent			7.	7. Name and Address of New Registered Agent					
				- 2	-	_Name							
VARNER, JEFFREY M 12991 NE 131ST PLACE					Street Address (P.O. Box Number is Not Acceptable)								
ARCHER													
						City			FL	Zip Cod	e		
	tions of registered	agent. /)	£ 6	M	1		gent, or both, in the State of Floric		miliar with,	and accept		
	Signature typed or prin	ten name of registered ager	it and title if app	licable. (NOTI	: Hegistere	d Agent signature re	equired when	reinstating)	DATE				
Afte	•	EE IS \$150.00 ee will be \$550.00 rida Department						9. Election Campaign Finar Trust Fund Contribution.	ncing				
10. 1		OFFICERS AND		20	11.		Δ	<u> </u>	ERS AND	DIRECTOR	Addition		
TITLE	P	OTTIOETROVITA	, Billicoro	☐ Delete	TITLE	: 1		25/110/10/07/1/11020 10 01/110		☐ Change			
NAME STREET ADDRESS CITY-ST-ZIP	VARNER, JEF 12991 NE 131 ARCHER FL 3	ST PL		□ perefe	NAMI STRE	- 1				- Onlinge	7.000		
TITLE NAME STREET ADDRESS	ST VARNER, ELIZ 12991 NE 131	abeth L St pl	•	☐ Delete		E Et address	-			☐ Change	Addition		
CITY-ST-ZIP TITLE NAME	ARCHER FL 3	2618		☐ Delete	TITLE					☐ Change	Addition		
STREET ADDRESS CITY-ST-ZIP				- - / : ,		ET ADDRESS -ST-ZIP	⊋=i . /	•	, **	-			
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12. I hereby o	certify that the info	rmation supplied wit	h this filing	does not qualify for	the exer	mption stated	in Section	n 119.07(3)(i), Florida Statutes. I fu	irther certi	y that the ir	nformation		

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

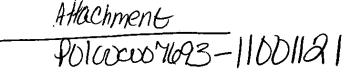
SIGNATURE:

IGNATURE CE SUFFICION PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

352 495 8397

Daytime Phone #





Division of Corporations

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