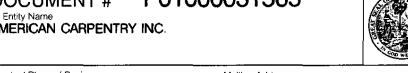
## **FILED** Mar 28, 2003 8:00 am Secretary of State

03-28-2003 90060 022 \*\*\*150.00

**UNIFORM BUSINESS REPORT (UBR)** P01000031565

DOCUMENT # AMERICAN CARPENTRY INC.



**2003 FOR PROFIT CORPORATION** 

Principal Place of Business Mailing Address 27207 RIO VISTA CIRCLE 27207 RIO VISTA CIRCLE **BONITA SPRINGS FL 34135** BONITA SPRINGS FL 34135 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Zip Country Country 6. Name and Address of Current Registered Agent

	_	

36 -444 2609

K CHECK HERE IF MAKING CHANGES

 -62 0001000	Not Applicable
 i <b>a.</b> Cenincale di Siants Desired I i I	75 Additional Required
 7. Name and Address of New Registered Agent	

SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 

7. Name and Address of New negistered Agent							
Name	AME	žS.	1	TFAW	MAN		
Street Ad	dress (P.O.	Box Myr	mber is	Not Acceptabl	A CIR	CLE	
	·-	·					

	BONITA STRINGS	FL	34735
8. The above named entity submits this statement for the purpose of chang	ging its registered office or registered agent, or both, in the State of Flori	da. I am fam	niliar with, and accep
signature		3/2	5/03
Signal red typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	<del></del>
FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution.	~ ~	\$5.00 May Be

Make Check Payable to Florida Department of State

Applied For

10,	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Delete WATTMAN, JAMES H 27207 RIO VISTA CIRCLE BONITA SPRINGS FL 34135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	. Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like employed.