FILED

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Jan 23, 2002 8:00 am P01000032048 DOCUMENT # **Secretary of State** 1. Entity Name 01-23-2002 90032 046 \*\*\*150 00 CARPENTRY & RENOVATIONS OF SARASOTA BAY, INC. Principal Place of Business Mailing Address 6033 34TH ST. WEST. #141 6033 34TH ST. WEST. #141 749955 **BRADENTON FL 34210 BRADENTON FL 34210** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-10914 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ATKINS, JIM Street Address (P.O. Box Number is Not Acceptable) 6033 34TH ST. WEST, #141 **BRADENTON FL 34210** Zip Code City FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ATKINS, JIM NAME STREET ADDRESS 6033 34TH ST. WEST, #141 STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34210** CITY-ST-ZIP TITLE .... Delete TITLE NAME VANZANT, CHRIS NAMÉ STREET ADDRESS 6033 34TH ST. WEST, #141 STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34210** CITY-ST-ZIP VICE PRESIDENT ☐ Delete TITLE ☐ Change Addition JUHN ATKINS -NAME 6033 34TH ST. WEST, #141 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BRADENTON. ☐ Delete TIT! F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE TITLE ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

address, with all other like empowered.