2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

SIGNATURE:

Feb 11, 2003 8:00 am **Secretary of State** P01000032048 DOCUMENT # 1. Entity Name 02-11-2003 90078 045 ***150.00 CARPENTRY & RENOVATIONS OF SARASOTA BAY, INC. Principal Place of Business Mailing Address P.O. BOX 10648 P.O. BOX 10646 **BRADENTON FL 34282-0646** BRADENTON FL 34282-0646 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-1091468 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ATKINS, JIM 6033 34TH ST. WEST. #141 BRADENTON FL 34210 8. The above named entity submits it is statement logthe pure in the State of Florida. I am familiar with, and accept the obligations of regis **SIGNATURE** FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May.Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. CR2E034 (10/02) Addition TITLE Delete TITLE atkins, jim NAME NAME 6033 34TH 27. WEST, #141 STREET ADDRESS STREET ADDRESS BRADENTON RL 34210 CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE VANZANT, OHRIS 6033 34TH ST. WEST, #141 NAME NAME STREET ADDRESS STREET ADDRESS Bradenton Fl 34210 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 trusted and powered to execute this report is report is reported by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address with other like amproved of the composition of the receiver or trusted and the property of the composition of the receiver or trusted and the property of the composition of the receiver or trusted and the property of the receiver or trusted and the property of the proper

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