


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91411 011 ***150.00

DOCUMENT # <i>P02000004393</i>	
1. Entity Name JOHN NEMETH CARPENTRY, INC.	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2228 HILLSHIRE DR Suite, Apt. #, etc.	3. Mailing Address 2228 HILLSHIRE DR Suite, Apt. #, etc.
City & State ORLANDO, FLORIDA Zip 32828 Country	City & State ORLANDO, FLORIDA Zip 32828 Country

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4. FEI Number 60-0002023	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name JOHN NEMETH	
	Street Address (P.O. Box Number is Not Acceptable) 2228 HILLSHIRE DR	
	City ORLANDO	FL Zip Code 32828

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT JOHN NEMETH 2228 HILLSHIRE DR ORLANDO, FL 32828	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN NEMETH

4/27/03

Date

407 222 7645

Daytime Phone #

CR2E034B (12/02)