

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

03-27-2003 90311 001 ***300.00

DOCUMENT # P02000012176

1. Entity Name
SAWDUST CARPENTRY INC.



Principal Place of Business
1335-1365 NEPTUNE DR.
BOYNTON BCH FL 33426

Mailing Address
1335-1365 NEPTUNE DR.
BOYNTON BCH FL 33426



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

05-0564401

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

KIPP, ROBERT R
2526 AVE. AU SOLEIL
GULF STREAM FL 33483

7. Name and Address of New Registered Agent

Name: **ROBERT R. KIPP, JR.**
Street Address (P.O. Box Number is Not Acceptable):
1365 NEPTUNE DR.
City: **BOYNTON BEACH** FL Zip Code: **33426**

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.

ROBERT R. KIPP, JR.

(NOTE: Registered Agent signature required when reinstating)

3/17/03.

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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	D	<input checked="" type="checkbox"/> Delete
NAME	KIPP, ROBERT R	
STREET ADDRESS	2625 AVE. AU SOLEIL	
CITY-ST-ZIP	GULF STREAM FL 33483	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIPP, MARGARET M	
STREET ADDRESS	2625 AVE. AU SOLEIL	
CITY-ST-ZIP	GULF STREAM FL 33483	
TITLE	D	<input type="checkbox"/> Delete
NAME	KIPP, ROBERT R. JR.	
STREET ADDRESS	2450 AVE. AU SOLEIL	
CITY-ST-ZIP	GULF STREAM FL 33483	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1365 NEPTUNE DR.	
CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 information.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/03

DATE

(561) 296-3667

DAYTIME PHONE #

CR2E034 (10/02)