

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

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90420 024 ***150.00

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DOCUMENT # P02000043711 1. Entity Name RENDINELLI CARPENTRY, INC.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 159 Harlan Avenue Suite, Apt. #, etc.			3. Mailing Address P.O. Box 391474 Suite, Apt. #, etc.		
City & State Lake Helen, FL Zip 32744			City & State Deltona, FL Zip 32739		4. FEI Number 03-0438947
Country			Country		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 Scott Rendinelli					
Street Address (P.O. Box Number is Not Acceptable) 159 Harlan Avenue					
City Lake Helen					
FL Zip Code 32744					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
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. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	PVSTD	TITLE			
NAME	Scott Rendinelli	NAME			
STREET ADDRESS	159 Harlan Avenue	STREET ADDRESS			
CITY - ST - ZIP	Lake Helen, FL 32744	CITY - ST - ZIP			
TITLE		TITLE	DO NOT WRITE IN THIS SPACE		
NAME		NAME			
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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: <u>Scott Rendinelli</u> President <u>4/28/03</u> 386 748 6719 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

CR2E034B (12/02)