## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## P02000050734 DOCUMENT #

1. Entity Name

Principal Place of Business

ANDREW DANIELS CUSTOM CARPENTRY, INC.



Mailing Address 1318 FLAMINGO BLVD.

1318 FLAMINGO BLVD. PORT CHARLOTTE FL 33953 PORT CHARLOTTE FL 33953 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEi Number City & State 74-3043223 Zip Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name O'BRIEN, SUSAN M Street Address (P.O. Box Number is Not Acceptable) 5777 BENEVA ROAD SOUTH SARASOTA FL 34233 City 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE PISIT ☐ Delete NAME DANIELS, ANDREW R NAME 1318 FLAMINGO BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORT CHARLOTTE FL 33953 CITY-ST-ZIP TITLE Delete -TITLE NAME NAME 03/12/03--01001--028 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

## FILED

03 MAR -5 AM 10: 24

TALEFRASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

Applied For Not Applicable

\$8.75 Additional

Fee Required

Zip Code

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

\$5.00 May Be Added to Fees

Addition 4000139898 ☐ Addition \*\*150.00 TITLE ☐ Delete TITLE-Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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

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 effectuate 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 the changed, or on an attachment with a paddress.

CITY-ST-ZIP

STREET ADDRESS

TITLE

MALIF

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

☐ Change

☐ Addition

CR2E034 (10/02)