

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

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90962 034 \*\*\*158.75

DOCUMENT # *P02000121518*

1. Entity Name

Carbaugh Construction Inc.



**DO NOT WRITE IN THIS SPACE**

**80039868**

2. Principal Place of Business  
3801 SR 19-A

3. Mailing Address  
3801 S.R. 19-A

Suite, Apt. #, etc.  
408

Suite, Apt. #, etc.  
408

City & State  
Mt. Dora, Fl.

City & State  
Mt. Dora, Fl.

4. FEI Number  
22-3885505

Applied For  
Not Applicable

Zip  
32757

Country  
USA

Zip  
32757

Country  
USA

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Dorothy C. Cullen

Street Address (P.O. Box Number is Not Acceptable)

3801 S. R. 19-A Ste. 408

City Mt. Dora, Fl.

FL

Zip Code  
32757

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

*Dorothy C. Cullen*

02/19/2003

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 \* Dorothy C. Cullen  
3801 S.R. 19-A Ste 408  
Mt. Dora, Fl. 32757

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice- President \* Daryl L. Carbaugh  
36604 Francis Drive  
Grand Island, Fl. 32735

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary \* Daryl L. Carbaugh  
36604 Frances Drive  
Grand Island, Fl. 32735

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**DO NOT WRITE  
IN THIS SPACE**

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:

*Dorothy Cullen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/03

Date

Daytime Phone #

CR2E034B (12/02)