

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

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90223 027 ***150.00

DOCUMENT # P03000114666	
1. Entity Name Tee Cee Carpentry, Inc	

40063824

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1412 ARBUCKLE RD Suite, Apt. #, etc.	3. Mailing Address 1412 ARBUCKLE RD. Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State SPRING HILL, FL.	City & State SPRING HILL, FL.	4. FEI Number 11-3705855	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 34608	Country U.S.	Zip 34608	Country U.S.
		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 LENA G. CIRAOLO
Street Address (P.O. Box Number is Not Acceptable) 1412 ARBUCKLE RD
City SPRING HILL FL Zip Code 34608

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 **LENA G. CIRAOLO (Lena G. Circolo)** **4/15/05**
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 ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CIRAOLO, THOMAS A 1412 ARBUCKLE RD Spring Hill, FL, 34608	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: **Thomas A. Circolo**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/05 (352) 688 4759
Date Daytime Phone #