

pg 1 of 2

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P03000134347

1. Entity Name

RSS CARPENTRY, INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY 19 PM 4:53

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

261 SW Homeland Rd.

3. Mailing Address

261 SW Homeland Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

11-29-05 01062 003 \$150.00

DO NOT WRITE IN THIS SPACE

05-06

City & State

Pt. St. Lucie, FL

City & State

Pt. St. Lucie, FL

4. FFI Number

200430444

Applied For

Not Applicable

Zip

Country

St. Lucie

Zip

Country

St. Lucie

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Robert S. SEARS

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

261 SW Homeland Rd.

City

Pt. St. Lucie

FL

Zip Code

34953

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

Robert S. SEARS

Signature, typed or printed name of registered agent and title if applicable

(NOTE: The Registered Agent signature required when reinstating)

DATE

11-15-05

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

P. T. S.
Robert S. SEARS
261 SW Homeland Rd.
PSL, FL 34953

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

700061759087
11/29/05--01062--003 **150.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

700061759087
06/16/06--01050--007 **150.00

REINSTATEMENT 05-06

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DO NOT WRITE
IN THIS SPACE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

M. Williams MAY 19 2006

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:

Robert S. SEARS Robert S. SEARS

11-15-05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

Pg 282

To; Department of State
Division of Corporations

From; Robert Sears
RSS Carpentry Inc.
261 S.W. Homeland Rd.
PSL, Fl. 34953

Ref.# Po3000134347

To whom it may concern,

I had not received any renewal form notice for 2005. I then called in, requested and was sent a blank UBR form to be filed . The filing of 2005 form late was the result of none receipt of renewal form notice. For this I ask the Dept.of State to waive all late fees and reinstate the corporation to active. All is the same, no changes have been made.
Any questions, please call 772-340-1169.

Thank You

A handwritten signature in black ink, appearing to read "Robert S. Sears", with a long horizontal line extending from the end of the signature.

Robert Sears