

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

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90055 002 ***150.00

DOCUMENT # P93000055202

1. Entity Name

Jeff's Carpentry and Trim, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1111 Buttermilk Lane

3. Mailing Address

1111 Buttermilk Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Port Orange, FL

City & State
Port Orange, FL

4. FEI Number
59-3199677

Applied For
☐ Not Applicable

Zip
32119

Country
USA

Zip
32119

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
Rost, Scott R.

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

444 Seabreeze Blvd, Suite 800

City Daytona Beach

FL

Zip Code 32118

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.

SIGNATURE

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

NOTE: If there is a change of agent, a signature is required when reinstating.

SCOTT R. ROST

April 30, 2002
DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State**

**10. Election Campaign Financing
Trust Fund Contribution.** ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME D.P.T. Whitlock, Jeffrey L.
STREET ADDRESS 1111 Buttermilk Lane
CITY-ST-ZIP Port Orange, FL 32119

TITLE
NAME V Smith, Mike
STREET ADDRESS 4800 Old Kings Rd.
CITY-ST-ZIP Flagler Beach, FL

TITLE
NAME S Huth, Tracy
STREET ADDRESS 766 Horseman Dr.
CITY-ST-ZIP Port Orange, FL 32127

TITLE
NAME V Massing, Kenny
STREET ADDRESS 2830 Queen Palm
CITY-ST-ZIP Port Orange, FL 32119

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**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-02

386-760-7299

Date

Daytime Phone #

CR2E034B (12/01)