

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

DOCUMENT # *P94000009770*

1. Entity Name

CARSON CONTRACTING CORPORATION

**FILED
Mar 31, 2002 8:00 am
Secretary of State**

03-31-2002 90329 019 ***150.00

DO NOT WRITE IN THIS SPACE

B0053783

2. Principal Place of Business

4271 BOCA RIVER BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip *33487*

Country

Zip

Country

4. FEI Number

65-0533858

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Howard R. Cohen

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

4271 BOCA RIVER BLVD

City

BOCA RATON

FL

Zip Code *33487*

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: Registered Agent signature required when reinstating)

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 STREET ADDRESS CITY-ST-ZIP	<i>DP HOWARD R. COHEN 4271 BOCA RIVER BLVD BOCA RATON FL 33487</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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.

Howard R. Cohen

SIGNATURE:

Howard R. Cohen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/02 561-994-4563

Date

Daytime Phone #

CR2E034B (12/01)