## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 03, 2001 8:00 am Secretary of State DOCUMENT # P94000092973 1. Entity Name LAUTERBOCK CARPENTRY, INC. 05-03-2001 91150 031 \*\*\*150.00 Mailing Address Principal Place of Business 25610 ARUNDEL WAY 25610 ARUNDEL WAY SORRENTO FL 32776 SORRENTO FL 32776 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-3288576 City & State Not Applicable Country \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 7:-Name and Address of New Registered Agent 5. Name and Address of Current Registered Agent Name FOUNTAIN, DENNIS F Street Address (P.O. Box Number is Not Acceptable) 815 ORIENTA AVENUE STE. 5 **ALTAMONTE SPRINGS FL 32701** Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE FOUNTAIN, DENNIS F NAME NAME 1250 ORIENTA AVENUE STE. 5 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 ☐ Addition ☐ Change ☐ Delete TITLE TITLE LAUTERBOCK, E. WAYNE NAME NAME 25610 ARUNDEL WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SORRENTO\_FL Change TITLE Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 Block 12 if changed, or on an attachment with an address with all other like empowered

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