2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 02, 2000 8:00 am Secretary of State DOCUMENT # P95000076549 CAROLINA CARPENTRY, INC. 02-02-2000 90120 030 ***150.00 Mailing Address Principal Place of Business 6432 NEWMAN CIRCLE WEST 6432 NEWMAN CIRCLE WEST LAKELAND FL 33811 LAKELAND FL 33811-2568 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3343217 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MCDADE, PHIL Street Address (P.O. Box Number is Not Acceptable) 6432 NEWMAN CIRCLE WEST LAKELAND FL 33811 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE MCDADE, PHIL NAME NAME 6432 NEWMAN CIRCLE STREET ADDRESS STREET ADDRESS LAKELAND FL 33811 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE □ Change TITLE HAMPTON, WILLIAM P NAME NAME 3939 HAMILTON RD. #10 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33811 CITY-ST-ZIF TITLE ☐ Change Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete TITI F ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

Phil Mc Dade

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED