FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 91803 040 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000053153

1. Entity Name
G. A. CARPENTRY INC.

11042061

Principal Place of Business	Mailing Address
202 N. B STREET LAKE WORTH, FL 33460 US	202 N. B STREET LAKE WORTH, FL 33460 US

2. Principal Place of Business	3. Mailing Address
	15212 60TH PL N.
Suite, Apt. #, etc.	Suite, Apt. #, etc. LOXAHATCHEE,
City & State	City & State FLORIDA
Zip / Country	Zip 33470 / Country USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0674489 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

UBALDO, ALFONSO
202 N B STREET
APARTMENT #1
LAKE WORTH, FL 33460

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4/29/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!! Fee is $150.00 after May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D UBALDO, ALFONSO 202 N B STREET, APT. #1 LAKE WORTH, FL 33460	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ALFONSO UBALDO - PRESIDENT 15212, 60TH PL N LOXAHATCHEE, FL 33470	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 4/29/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #