

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2003 8:00 am
Secretary of State

03-03-2003 90447 016 ***150.00

DOCUMENT # P97000006900

1. Entity Name

C. J. CARVALHO CONSTRUCTION, INC.



Principal Place of Business

7004 65 WAY N.
PINELLAS PARK FL 33781-4009
US

Mailing Address

7004 65 WAY N.
PINELLAS PARK FL 33781-4009
US

2. Principal Place of Business

728 Wesley Avenue

Suite, Apt. #, etc.

Suite 1

City & State

Tarpon Springs, FL

Zip

34689

Country

Pinellas

3. Mailing Address

728 Wesley Avenue

Suite, Apt. #, etc.

Suite 1

City & State

Tarpon Springs, FL

Zip

34689

Country

Pinellas



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3418771

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CARVALHO, CURTISS J.

7004 65 WAY N.

PINELLAS PARK FL 33781

7. Name and Address of New Registered Agent

Name

Carvalho, Curtiss J.

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

728 Wesley Avenue

Suite 1

City

Tarpon Springs

FL

Zip Code

34689

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, 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

ST
CARVALHO, NOEL
3125 CODY ST
NEW PORT RICHEY FL 34655

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
CARVALHO, CURTISS J.
3111 MUNSON ST
NEW PORT RICHEY FL 34655

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

13016 Port Court
Hudson, FL 34667

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

571 Lillian Drive
Madeira Beach, FL 33708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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☐ Change ☐ Addition

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-939-4924

CR2E034 (10/02)