2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State
02-03-2003 90036 023 ***150.00

DOCUMENT # P97000014004

1. Entity Name
CARLEVALE ELECTRICAL CONTRACTORS, INC.

Principal Place of Business	Mailing Address
5425 THERESA RD SUITE A TAMPA FL 33615	P O BOX 261533 TAMPA FL 33685-1533 US

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6016 ELEANOR DRIVE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State
Zip: 33634 Country: HILLSBOROUGH	Zip Country

4. FEI Number 59-3425553 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARLEVALE, KATHY 7111 SHENANDOAH COURT TAMPA FL 33615	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, 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	VPST	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	CARLEVALE, KATHY		NAME		
STREET ADDRESS	5425 THERESA RD SUITE A		STREET ADDRESS	7111 SHENANDOAH CT.	
CITY-ST-ZIP	TAMPA FL 33615		CITY-ST-ZIP	TAMPA FL 33615	
TITLE	P	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	CARLEVALE, ROY		NAME		
STREET ADDRESS	5425 THERESA RD SUITE A		STREET ADDRESS	7111 SHENANDOAH CT.	
CITY-ST-ZIP	TAMPA FL 33615		CITY-ST-ZIP	TAMPA, FL 33615	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Kathy Carlevale / KATHY CARLEVALE 01/30/03 (813) 884-3582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)