

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045756

1. Entity Name

CARROLL INDUSTRIES, INC.

FILED

Mar 01, 2000 8:00 am  
Secretary of State

03-01-2000 90024 027 \*\*\*158.75

Principal Place of Business

Mailing Address

759 SOUTH FEDERAL HIGHWAY  
SUITE 319  
STUART FL 34994

759 SOUTH FEDERAL HIGHWAY  
SUITE 319  
STUART FL 34997-5939

00063117



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2952 SE Monroe St.

2952 SE Monroe St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Stuart, FL

4. FEI Number

65-0763039

Applied For

Not Applicable

Zip

34997

Country

USA

Zip

34997

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRANNOM, DAVID  
759 SOUTH FEDERAL HIGHWAY  
SUITE 319  
STUART FL 34994

7. Name and Address of New Registered Agent

Name

Barry M. Deets

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

7106 SE OSPREY

City

HOBE SOUND

FL

Zip Code

33455

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

*Barry M. Deets*  
Signature, typed or printed name of registered agent and title if applicable.

Barry M. Deets  
(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/2000

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	CARROLL, PAUL	
STREET ADDRESS	4260 RAINBOW END	
CITY-ST-ZIP	STUART FL 34997	
TITLE	CSD	<input checked="" type="checkbox"/> Delete
NAME	BRANNOM, CAROL	
STREET ADDRESS	2180 S.W. HUNTERS CLUB WAY	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	BRANNOM, DAVID	
STREET ADDRESS	2180 S.W. HUNTERS CLUB WAY	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	AFFHALTER, MARK J	
STREET ADDRESS	2505 NE INDIAN RIVER DR #231	
CITY-ST-ZIP	JENSEN BCH FL 34957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VICE PRESIDENT, DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brent Hoffpauir	
STREET ADDRESS	917 SW 36th Terrace	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sterling Carroll	
STREET ADDRESS	3521 SW Coco Palm Drive	
CITY-ST-ZIP	Palm City, FL 34990	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barry M. Deets	
STREET ADDRESS	8470 SE Oaklys St.	
CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bill Scholze	
STREET ADDRESS	648 SW Overlook Drive	
CITY-ST-ZIP	Stuart, FL 34994	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Leverne Boyer	
STREET ADDRESS	9465 SE Sunrise Way	
CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Broome	
STREET ADDRESS	2617 SE Gowin Drive	
CITY-ST-ZIP	Pt. St. Lucie, FL 34952	

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.

SIGNATURE:

*Paul Carroll*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Carroll, President 1/27/2000 (561) 220-0810  
Date Daytime Phone #

CR2E034 (9/99)