

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000045756

1. Entity Name

CARROLL INDUSTRIES, INC.

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90021 033 \*\*\*150.00

Principal Place of Business

2952 SE MONROE ST  
STUART FL 34997

Mailing Address

2952 SE MONROE ST  
SUITE 319  
STUART FL 34997

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0763039

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

CARROLL, LISA  
2952 SE MONROE STREET  
STUART FL 34997

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete  
NAME CARROLL, PAUL  
STREET ADDRESS 4260 RAINBOW END  
CITY-ST-ZIP STUART FL 34997

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME STERLING, CARROLL  
STREET ADDRESS 3521 SW COCO PALM DR  
CITY-ST-ZIP PALM CITY FL 34990

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME DEETS, BARRY M  
STREET ADDRESS ~~6470 SE DYARLYS ST~~  
CITY-ST-ZIP ~~STUART FL 34994~~

TITLE ☒ Change ☐ Addition  
NAME P.O. Box 632  
STREET ADDRESS Hobe Sound, FL  
CITY-ST-ZIP 33475

TITLE D ☐ Delete  
NAME SCHOLZE, BILL  
STREET ADDRESS 648 SW OVERLOOK DR  
CITY-ST-ZIP STUART FL 34994

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VPD ☐ Delete  
NAME HOFFPAUR, BRENT  
STREET ADDRESS 917 SW 36TH TERRACE  
CITY-ST-ZIP PALM CITY FL 34990

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME BOYET, LEVERNE  
STREET ADDRESS 9465 SE SUNRISE WAY  
CITY-ST-ZIP HOBE SOUND FL 33455

TITLE ☒ Change ☐ Addition  
NAME BOYER  
STREET ADDRESS  
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul L. Carroll, II

Date

2/13/2001

Daytime Phone #

561-220-0810

CR2E034 (10/00)