

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91149 018 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000045756

1. Entity Name
CARROLL INDUSTRIES, INC.



Principal Place of Business
 2962 SE MONROE ST
 STUART, FL 34997

Mailing Address
 2962 SE MONROE ST
 SUITE 319
 STUART, FL 34997

2. Principal Place of Business
 4197 SELVITZ ROAD

3. Mailing Address
 4197 SELVITZ ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 FT. PIERCE, FLORIDA

City & State
 FT. PIERCE, FLORIDA

4. FEI Number
 65-0763039

Applied For
 Not Applicable

Zip
 34981

Country
 ST. LUCIE

Zip
 34981

Country
 ST. LUCIE

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARROLL, LISA
 2962 SE MONROE STREET
 STUART, FL 34997

Name
 VINCENT MASTROIANNI

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

4252 SE RAINBOWS END

City
 STUART

FL

Zip Code
 34997

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

Vincent Mastroianni

4-30-03

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

(FORMER Registered Agent) Signature required when withdrawing.

DATE

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 PD Delete
 NAME CARROLL, PAUL
 STREET ADDRESS 4280 RAINBOW END
 CITY-STATE-ZIP STUART, FL 34997

TITLE PRES. Change Addition
 NAME VINCENT MASTROIANNI
 STREET ADDRESS 4252 SE RAINBOWS END
 CITY-STATE-ZIP STUART, FL 3499

TITLE D Delete
 NAME SCHOLZE, BILL
 STREET ADDRESS 848 SW OVERLOOK DR
 CITY-STATE-ZIP STUART, FL 34994

TITLE DIRECTOR Change Addition
 NAME M. PAUL BROOME
 STREET ADDRESS 2617 SE GOWIN DRIVE PSL, FL 34952
 CITY-STATE-ZIP

TITLE VPD Delete
 NAME HOFFPALER, BRENT
 STREET ADDRESS 817 SW 38TH TERRACE
 CITY-STATE-ZIP PALM CITY, FL 34990

TITLE DIRECTOR Change Addition
 NAME ANTHONY R. LAGANA
 STREET ADDRESS 19 EAST HIGH PT. ROAD, STUART, FL 3499
 CITY-STATE-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

Change Addition

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(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: *Vincent Mastroianni*