

**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 relinquishing

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	PD	CARROLL, PAUL	4280 RAINBOW END STUART, FL 34997	<input checked="" type="checkbox"/> Delete	PRES.	VINCENT MASTROIANNI	4252 SE RAINBOWS END STUART, FL. 3499	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	D	SCHOLZE, BILL	846 SW OVERLOOK DR STUART, FL 34994	<input checked="" type="checkbox"/> Delete	DIRECTOR	M. PAUL BROOME	2617 SE GOWIN DRIVE PSL, FL 34952	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	VPD	HOFFPALER, BRENT	817 SW 38TH TERRACE PALM CITY, FL 34990	<input checked="" type="checkbox"/> Delete	DIRECTOR	ANTHONY R. LAGANA	19 EAST HIGH PT. ROAD, STUART, FL. 3499	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> 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*