

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

FILED

02 JUL 30 AM 9:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000045767

1. Entity Name

Carroll Environmental Technologies, Inc.

DO NOT WRITE IN THIS SPACE

700006917697--5
-08/06/02--01051--008
*****61.25 *****61.25

2. Principal Place of Business
2952 SE Monroe St.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Stuart, FL

City & State

4. FEI Number

65-0763035

Applied For

Not Applicable

Zip
34957

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Darlene Goss**

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

2952 SE Monroe St.

City **Stuart**

FL

Zip Code
34957

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

Darlene Goss **Darlene Goss / Project Manager** 7/25/02

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	P,D Carroll, Paul 2952 SE Monroe St. Stuart, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lee, Daniel 11390 SE Gomez Ave Hobe Sound, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Finney, Bruce 11472 SE Ella Ave Hobe Sound, FL 33455
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V,D Hoffpauir, Brent 2952 SE Monroe St. Stuart, FL 34997
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Paul L. Carroll **Paul Carroll II** 7/25/02 772-220-0810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

7/31/02