

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000088001

FILED  
Apr 30, 2003  
Secretary of State

Entity Name: GARY THE CARPENTER CONSTRUCTION, INC.

## Current Principal Place of Business:

5680 1ST AVE  
#5  
KEY WEST, FL 33040

## New Principal Place of Business:

1009 SIMONTON ST  
KEY WEST, FL 33040

## Current Mailing Address:

5680 1ST AVE  
#5  
KEY WEST, FL 33040

## New Mailing Address:

1009 SIMONTON ST  
KEY WEST, FL 33040

FEI Number: 65-0786311

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BURCHFIELD, GARY  
5680 1ST AVE  
#5  
KEY WEST, FL 33040 US

## Name and Address of New Registered Agent:

BURCHFIELD, GARY  
1009 SIMONTON ST  
KEY WEST, FL 33040 US

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:

04/30/2003

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BURCHFIELD, GARY  
Address: 1608 DENNIS ST  
City-St-Zip: KEY WEST, FL 33040

Title: VP ( ) Delete  
Name: GOODLEY, HAROLD E SR  
Address: 5680 1ST AVE #5  
City-St-Zip: KEY WEST, FL 33040

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BURCHFIELD, GARY  
Address: 310 AMELIA ST  
City-St-Zip: KEY WEST, FL 33040

Title: VP (X) Change ( ) Addition  
Name: BURCHFIELD, DEBBIE  
Address: 310 AMELIA ST  
City-St-Zip: KEY WEST, FL 33040

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY BURCHFIELD

P

04/30/2003

Electronic Signature of Signing Officer or Director

Date