

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000094036

1. Entity Name
D AND B CARPENTRY OF SARASOTA, INC.



FILED
May 08, 2003 8:00 am
Secretary of State

05-08-2003 90176 036 ***150.00

Principal Place of Business
2278 JAVA PLUM AVENUE
SARASOTA FL 34232

Mailing Address
2278 JAVA PLUM AVENUE
SARASOTA FL 34232



2. Principal Place of Business

7520 Baxley Lane
Suite, Apt. #, etc.

3. Mailing Address

7520 Baxley Lane
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
SARASOTA

City & State
SARASOTA, FL

4. FEI Number 65-0817710

Applied For
Not Applicable

Zip
34232

Country
USA

Zip
34232

Country
USA

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

ALSTROM, BRIAN N
2278 JAVA PLUM ST.
SARASOTA FL 34232

(New Address - Above)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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
PCEO
ALSTROM, BRIAN
2278 JAVA PLUM
SARASOTA FL 34232 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 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

Date

Day/Month/Year

4/28/03 941-
923-6429
or (941) 362-1345

CR2E034 (10/02)