2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

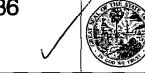
P97000094036 DOCUMENT #

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 Mailing Address 2278 JAVA PLUM AVENUE 2278 JAVA PLUM AVNEUE SARASOTA FL 34232 SARASOTA FL 34232 3. Mailing Address 7520 BAX/4 Principal Place of Business
BAXILY are Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For 65-0817710 50 tx Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired И. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ALSTROM, BRIAN N Street Address (P.O. Box Number is Not Acceptable) 2278 JAVA PLUM ST. SARASOTA FL 34232 (New Address - Above) Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. **PCEO** CR2E034 (10/02) ☐ Delete TITLE ☐ Addition TITLE ALSTROM, BRIAN NAME NAME STREET ADDRESS 2278 JAUA PLUM STREET ADDRESS SARASOTA FL 34232 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP .CITY-ST-ZIP. ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE 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.

CITY-ST-7IP

NAME STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP