

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

FILED
Jul 01, 2003 8:00 am
Secretary of State
07-01-2003 90040 008 ***150.00

DOCUMENT # 098000009560

1. Entity Name

CARBONE Commercial Services Inc.



DO NOT WRITE IN THIS SPACE

90140537

2. Principal Place of Business

3705 NW 42nd Ave

Suite, Apt. #, etc.

11

3. Mailing Address

3705 NW 42nd Ave

Suite, Apt. #, etc.

11

City & State

Gainesville FL

City & State

Gainesville FL

Zip

32608

Country

ALACHUA

Zip

32608

Country

ALACHUA

4. FEI Number

59-3411333

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Rae C Dupree

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

Rt 4 Box 3922

City

Lake Butler

FL

Zip Code

32054

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

Rae C. Dupree

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

President / Director
RAYMOND J CARBONE
P.O. Box 140836
GAINESVILLE FL 32014

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Vice President / Director
RAE C DUPREE
RT 4 BOX 3922
LAKE BUTLER FL 32054

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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

SIGNATURE: Rae J. Carbone

President

06/03

Date

1-352-378-1988

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

Attachment #

90140537

098000009560

CARBONE COMMERCIAL APPLIANCE SERVICES INC.

3705-11 SW 42nd AVE.

GAINESVILLE FLORIDA 32608

(352) 378-1988

FAX: (352) 378-2655

Recently in looking over my records, it was brought to my attention that the Corporate filing fee was not paid. I checked further and found that the annual report that is usually sent by the State of Florida was not received by my office. I requested a new one to be mailed to my office address on 06/20/03, the date of which I realized the error. The individual that I spoke with told me that a new form will be mailed out and that since I did not receive the original form, my fee will be \$150.00. If there is any problem please contact my office at the above number.

Sincerely,

A handwritten signature in cursive script, appearing to read "Raymond J. Carbone", is written over a horizontal line.

Raymond J Carbone

President