

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000045120

1. Entity Name

DESOUSA CARPENTRY INC.

Principal Place of Business

1974 S. OLD MILL RD.
DELTONA FL 32725

Mailing Address

1974 S. OLD MILL RD.
DELTONA FL 32725

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3512620

Applied For

Not Applicable

5. Certificate of Status Desired ☐ Additional

\$8.75 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DESOUSA, ROBERT
1974 S. OLD MILL RD.
DELTONA FL 32725

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.

SIGNATURE

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME DE SOUSA, ROBERT
STREET ADDRESS 1974 S OLD MILL DR
CITY-ST-ZIP DELTONA FL 32725 ☐ Delete

TITLE PVST
NAME DeSousa Robert
STREET ADDRESS 1974 S Old Mill Drive
CITY-ST-ZIP Deltona, FL 32725 ☒ Change ☒ Addition

TITLE S
NAME STRONG, JAMES
STREET ADDRESS 3945 NOVA RD
CITY-ST-ZIP PORT ORANGE FL 32127 ☒ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert de Sousa Robert de Sousa

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27 2001

Date

904-582-8024

Daytime Phone #

0047236

CR2E034 (10/00)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90072 041 ***150.00



DO NOT WRITE IN THIS SPACE