

**2002 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90166 020 ***150.00

DOCUMENT # P98000045120
1. Entity Name
DESOUSA CARPENTRY INC.

DO NOT WRITE IN THIS SPACE

656481

2. Principal Place of Business:
1974 S OLD MILL DR
Suite, Apt. #, etc.

3. Mailing Address
1974 S OLD MILL RD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
DELTONA FL

City & State
DELTONA FL

4. FEI Number
59-3512620
Applied For
Not Applicable

Zip 32725 **Country** VOLUSIA

Zip 32725 **Country** VOLUSIA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name
DESOUSA, ROBERT
Street Address (P.O. Box Number is Not Acceptable)
1974 S OLD MILL DR
City DELTONA **FL** **Zip Code** 32725

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 restate.) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST DESOUSA, ROBERT 1974 S OLD MILL RD DELTONA FL 32725	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

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

SIGNATURE: Robert de Sousa (Robert de Sousa) April 26 2002 386 51328024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #