

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000068 b24

1. Entity Name

The Carpenter's Hands, Inc.

(b) 4

Principal Place of Business

180 E. Broadway St.
Oviedo, FL 32765

Mailing Address

180 E. Broadway St.
Oviedo, FL 32765

2. Principal Place of Business

810 Erie Dr.

Suite, Apt. # etc.

3. Mailing Address

810 Erie Dr.

Suite, Apt. #, etc.

City & State
Oviedo, FL

City & State
Oviedo, FL

Zip 32765

Country US

Zip 32765

Country US

4. FEI Number
59-3526879

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

Merlin Ten Pass

545 Eastbridge Dr.

Oviedo, FL 32765

7. Name and Address of New Registered Agent

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. (NOT

DATE

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

FILE NOW!
After MAY 1, 2001
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 P Merlin Ten Pass Delete
NAME Merlin Ten Pass
STREET ADDRESS 545 Eastbridge Dr.
CITY-ST-ZIP Oviedo, FL 32765

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST Change Addition
NAME Judith Ten Pass
STREET ADDRESS 545 Eastbridge Dr.
CITY-ST-ZIP Oviedo, FL 32765

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

CR2E034 (1100)

13. I hereby certify that the information supplied with this filing does not qualify for indicated on this report or supplemental report is true and accurate and that of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered.

he exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information signature shall have the same legal effect as if made under oath; that I am an officer or director required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: Merlin Ten Pass

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

DIRECTOR

4-25-01

Date

407-359-3727

Daytime Phone #