

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000012831

1. Entity Name
COWELL CARPENTRY, INC.

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90019 039 ***150.00

Principal Place of Business
2818 W RAINBOW CIR
SARASOTA FL 34231

Mailing Address
2818 W RAINBOW CIR
SARASOTA FL 34232-3238



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2202 Robinson Ave.
Suite, Apt. #, etc.

3. Mailing Address
2202 Robinson Ave.
Suite, Apt. #, etc.

City & State
SARASOTA, FL.
Zip
34232
Country
U.S.A.

City & State
SARASOTA, FL.
Zip
34232
Country
U.S.A.

4. FEI Number
05-0895977

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COWELL, SAMUEL JAY
2818 W RAINBOW CIR
SARASOTA FL 34231

Name
Cowell, Samuel Jay
Street Address (P.O. Box Number is Not Acceptable)

2202 Robinson Ave

City
SARASOTA, FL Zip Code
34232

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 *Samuel Jay Cowell*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/2000
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, 2000 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
D
NAME
COWELL, SAMUEL JAY
STREET ADDRESS
2818 W RAINBOW CIR
CITY-ST-ZIP
SARASOTA FL 34231 ☐ Delete

TITLE
D
NAME
Cowell, Samuel Jay
STREET ADDRESS
2202 Robinson, Ave.
CITY-ST-ZIP
SARASOTA, FL. 34232 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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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, 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: *Samuel Jay Cowell*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/2000
Date

(941) 925-4137
Daytime Phone #

CR2E034 (9/99)