2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021352

Country

USH

6. Name and Address of Current Registered Agent

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

OFFICERS AND DIRECTORS

Zip

SIGNATURE

11.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

(See criteria on back)

SIGNATURE:

PRICE CARPENTRY, INC.

CARLSON, BRAD

126 PINETREE DR. DEBARY FL 32713

9. This corporation is eligible to satisfy its Intangible

PRICE, STEVEN T

126 PINETREE DR.

DEBARY FL 32713

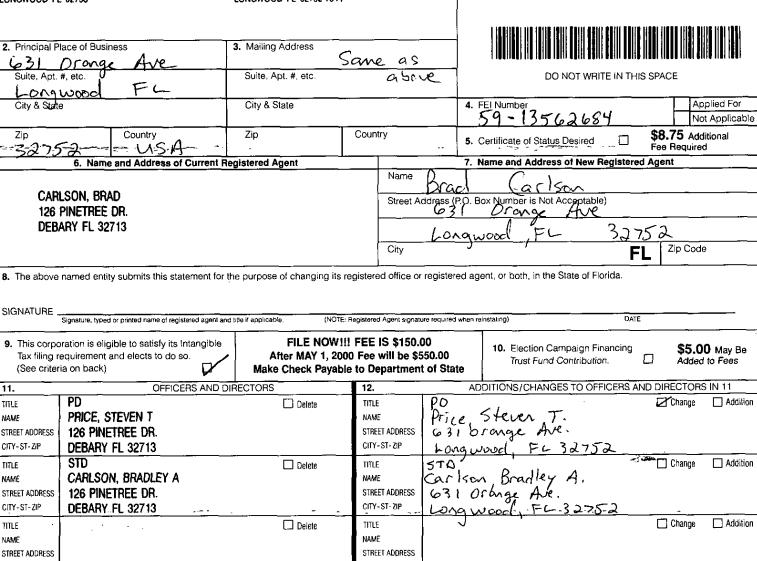
Tax filing requirement and elects to do so.

Principal Place of Business Mailing Address P.O. BOX 521044 1075 LOMMLER STR. LONGWOOD FL 32752-1044 LONGWOOD FL 32750 2. Principal Place of Business 3. Mailing Address Sane as 631 Drong Suite, Apt. #, etc. asove Suite, Apt. #, etc. -011 WOOC City & State City & State

Zip

FILED May 26, 2000 8:00 am Secretary of State

05-26-2000 90085 007 ***150.00



TITLE ☐ Delete TITLE CARLSON, BRADLEY A NAME NAME 631 Orange 126 PINETREE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEBARY FL 32713 ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF TITI F ☐ Change Addition ☐ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

Country

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Delete

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Name

City

Street Address