2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034507

FILED
Apr 25, 2000 8:00 am
Secretary of State
04-25-2000 90082 033 ***150.00

1. Entity Name
LAVOIE CUSTOM CARPENTRY, INC.

Principal Place of Business	Mailing Address
5767 DEAUVILLE CIR. SUITE 101 NAPLES FL 34112	5767 DEAUVILLE CIR. SUITE 101 NAPLES FL 34112-3227

New address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Naples Area	5057 Berkeley DR
Suite, Apt. #, etc.: 5057 Berkeley DR	Suite, Apt. #, etc.: Naples.
City & State: Naples. Fla	City & State: Fla
Zip: 34112 / Country: USA	Zip: 34112 / Country: USA

4. FEI Number 59-3568638 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LAVOIE, STEEVE
5767 DEAUVILLE CIR, SUITE 101
NAPLES FL 34112

7. Name and Address of New Registered Agent

Name: NONE
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] Steeve Lavoie 04-18-00
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, 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D LAVOIE, STEEVE 5767 DEAUVILLE CIR, SUITE 101 NAPLES FL 34112 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President - Suite 5057 Berkeley Drive. Naples, Fl. 34112 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	No New Officers ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: [signature] 04-18-00 (941) 572-2658
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #