

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094924

1. Entity Name

DO GENERAL CARPENTRY, INC.

f

Principal Place of Business

1970 E. OSCEOLA PKWY. PBM 250
KISSIMMEE FL 34744

Mailing Address

1970 E. OSCEOLA PKWY. PBM 250
KISSIMMEE FL 34744

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3612333

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

OBREGON, DAVID
2708 FOREST VIEW LANE
KISSIMMEE FL 34744

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.

(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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
OBREGON, DAVID
2708 FOREST VIEW LANE
KISSIMMEE FL 34744

☐ Delete

TITLE
NAME
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90017 048 ***150.00

KUUI0000



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)

Attachment
#P9900094924
A0078563

September 11, 2000

Division of Corporation
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

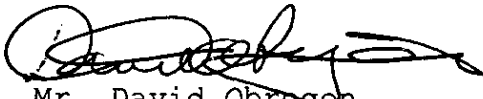
Sirs;

I am sending this Annual Report late, due to the circumstances that I did not received the first time.

Please be advise that this is the first time that happened and sometimes you miss thing.

Sorry for the inconvenience this may have cause you. Should you have any question concerning the above, do not hesitate to contact me at your best convenience.

Sincerely yours,



Mr. David Obregon
President
2708 Forest View Lane
Kissimmee, FL 34744