

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094924

1. Entity Name  
DO GENERAL CARPENTRY, INC.

Principal Place of Business Mailing Address  
1970 E. OSCEOLA PKWY. PBM 250 1970 E. OSCEOLA PKWY. PBM 250  
KISSIMMEE FL 34744 KISSIMMEE FL 34743-8629

2. Principal Place of Business 3. Mailing Address  
2708 FOREST VIEW LANE 2708 FOREST VIEW LANE  
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State  
KISSIMMEE FL KISSIMMEE FL  
Zip Zip  
34744 OSCEOLA 34744 OSCEOLA

REINSTATEMENT

DO NOT WRITE IN THIS SPACE  
59-3612333  
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 *David Obregon* (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 D  
NAME OBREGON, DAVID  
STREET ADDRESS 2708 FOREST VIEW LANE  
CITY-ST-ZIP KISSIMMEE FL 34744 ☐ Delete

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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NAME  
STREET ADDRESS  
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.

SIGNATURE: *David Obregon*  
SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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CR2E034 (9/99)