

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 30, 2003 8:00 am
Secretary of State

06-30-2003 90062 050 ***150.00

DOCUMENT # P99000110267

1. Entity Name
CARL FINISHING, INC.

Principal Place of Business

3670 NORTH 56 AVE
 HOLLYWOOD FL 33021

Mailing Address

3670 NORTH 56 AVE
 HOLLYWOOD FL 33021

**6050 DAWSON ST
 HOLLYWOOD FL 33023**

2. Principal Place of Business

6050 DAWSON ST.

3. Mailing Address

6050 DAWSON

Suite, Apt., #, etc.

HOLLYWOOD FL

Suite, Apt., #, etc.

ST. HOLLYWOOD FL

City & State

City & State

Zip

33023

Country

Zip

33023

Country

4. FEI Number

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

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

Carl Williams

Signature, typed or printed name of registered agent and 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 Delete
 NAME **D WILLIAMS, CARLA**
 STREET ADDRESS **3670 NORTH 56 AVE**
 CITY-ST-ZIP **HOLLYWOOD FL 33021**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **CARL WILLIAMS**
 STREET ADDRESS **6050 DAWSON ST**
 CITY-ST-ZIP **HOLLYWOOD FL 33023**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 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:

Carl Williams

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/03

Date: Daytime Phone #

CR2E034 (5/00)