

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000110583

1. Entity Name

GREG'S CARPENTRY, INC.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90037 038 ***150.00

Principal Place of Business

Mailing Address

13005 S.W. 261 TERR.
HOMESTEAD FL 33032

13005 S.W. 261 TERR.
HOMESTEAD FL 33032

2. Principal Place of Business

13005 S.W. 261 TERR

3. Mailing Address

13005 S.W. 261 TERR

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HOMESTEAD FL

City & State

HOMESTEAD FL

4. FEI Number

22-3658675

Applied For

Not Applicable

Zip

33032

Country

MIAMI-DADE

Zip

33032

Country

MIAMI-DADE

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

ROBINSON, MARLO
1689 HIATUS ROAD
SUITE 121
PEMBROKE PINES FL 33026

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 \$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 ☐ Delete
NAME **D BRAWNER, VICKI S**
STREET ADDRESS **13005 S.W. 261 TERR.**
CITY-ST-ZIP **HOMESTEAD FL 33032**

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

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:

Vicki S. Brawner PRESIDENT 4/16/00 2706
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2F034 (9/99)