2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # \$48118** Mar 04, 2000 8:00 am 1. Entity Name Secretary of State CARPENTER, INC. 03-04-2000 90055 029 ***150.00 Mailing Address Principal Place of Business 377 CITATION POINT 377 CITATION POINT STE 206 STF 206 NAPLES FL 34104-3534 NAPLES FL 34104 US US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0260936 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CARPENTER, ROY R., JR. Street Address (P.O. Box Number is Not Acceptable) 13167 VALEWOOD DR NAPLES FL 34119 City Zip Code 8. The above named entire this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DP ☐ Change ☐ Addition TITLE ☐ Delete TITLE CARPENTER, ROY R., JR. NAME 13167 VALEWOOD DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34119 CITY-ST-7IP ☐ Addition ☐ Delete Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS

☐ Delete

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SERVING OFFICER OF DIRECTOR DATE

141/403-994

Change

Addition