

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90040 019 ***150.00

DOCUMENT # **V50345**

1. Entity Name
CARPENTRY CONTRACTING, INC.

Principal Place of Business % PHILIP A CARLIN 345 E SR 436 STE 101 FERN PARK FL 32730	Mailing Address % PHILIP A CARLIN 345 E SR 436 STE 101 FERN PARK FL 32730
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 751 LAKE KATHYAN Circle Suite, Apt. #, etc.	3. Mailing Address 751 LAKE KATHYAN Circle Suite, Apt. #, etc.
City & State Casselberry, FL	City & State Casselberry FL
Zip 32707	Zip 32707
Country	Country

4. FEI Number 59-3131583	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CARLIN, PHILIP A % PHILIP A CARLIN 345 E SR 436 STE 101 FERN PARK FL 32730	7. Name and Address of New Registered Agent 751 LAKE KATHYAN Circle CASSELBERRY, FL 32707
---	--

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: *James L. Geltz* (NOTE: Registered Agent signature required when reinstalling) DATE: **4-23-01**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
 After MAY 1, 2001 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 1:	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GELTZ, JAMES L. 680 RIVER OAKS DR OSTEEN FL 32764	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *James L. Geltz* DATE: **4-23-01** DAYTIME PHONE #: **407-328-9495**

CR2E034 (10/00)