

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90106 005 ***150.00

DOCUMENT # V50345

1. Entity Name

CARPENTRY CONTRACTING, INC.

Principal Place of Business

Mailing Address

% PHILIP A CARLIN
 754 LAKE KATHRYN CIRCLE
 CASSABERRY FL 32757
 US

% PHILIP A CARLIN
 754 LAKE KATHRYN CIRCLE
 CASSABERRY FL 32757
 US

2. Principal Place of Business

125 S. Swoole Ave

3. Mailing Address

125 S. Swoole Ave

Suite, Apt. #, etc.

104

Suite, Apt. #, etc.

104

City & State

MAITLAND FL

City & State

MAITLAND FL

4. FEI Number

59-3131583

Applied For

Not Applicable

Zip

32751

Country

USA

Zip

32751

Country

USA

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

CARLIN, PHILIP A

% PHILIP A CARLIN

754 LAKE KATHRYN CIRCLE 125 S. Swoole Ave #104
 CASSABERRY FL 32757 MAITLAND, FL 32751

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, 2002 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
 STREET ADDRESS GELTZ, JAMES L.
 CITY-ST-ZIP 680 RIVER OAKS DR
 OSTEEN FL 32764

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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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:

JAMES L. GELTZ JAMES L. GELTZ

Date

4-23-02

Daytime Phone #

407-324-9495

CR2E034 (9/01)