

## FORM 1

## STATEMENT OF

2002

Please print or type your name, mailing address, agency name, and position below:

## FINANCIAL INTERESTS

LAST NAME -- FIRST NAME -- MIDDLE NAME:

CARBONELL, TERRY L

MAILING ADDRESS:

P O BOX 2668

CITY:

FORT MYERS

ZIP:

33902

COUNTY:

LEE

NAME OF AGENCY:

CONSTRUCTION LICENSING BOARD

NAME OF OFFICE OR POSITION HELD OR SOUGHT:

MEMBER

FOR OFFICE  
USE ONLY:

NOL

ID Code

ID No.

Conf. Code

P. Req. Code

SUPERVISOR OF ELECTIONS

2003 SEP -2 PM 12:45

RECEIVED

CHECK IF ☐ CANDIDATE OR ☒ NEW EMPLOYEE OR APPOINTEE

## \*\*THIS SECTION MUST BE COMPLETED\*\*

## DISCLOSURE PERIOD:

THIS STATEMENT REFLECTS YOUR FINANCIAL INTERESTS FOR THE PRECEDING TAX YEAR, WHETHER BASED ON A CALENDAR YEAR OR ON A FISCAL YEAR. PLEASE STATE BELOW WHETHER THIS STATEMENT IS FOR THE PRECEDING TAX YEAR ENDING EITHER (check one):



DECEMBER 31, 2002

OR



SPECIFY TAX YEAR IF OTHER THAN THE CALENDAR YEAR: \_\_\_\_\_

## MANNER OF CALCULATING REPORTABLE INTERESTS:

THE LEGISLATURE ALLOWS FILERS THE OPTION OF USING REPORTING THRESHOLDS THAT ARE ABSOLUTE DOLLAR VALUES, WHICH REQUIRES FEWER CALCULATIONS, OR USING COMPARATIVE THRESHOLDS, WHICH ARE USUALLY BASED ON PERCENTAGE VALUES (see instructions for further details). PLEASE STATE BELOW WHETHER THIS STATEMENT REFLECTS EITHER (check one):

☐ COMPARATIVE (PERCENTAGE) THRESHOLDS OR ☒ DOLLAR VALUE THRESHOLDS

## PART A -- PRIMARY SOURCES OF INCOME [Major sources of income to the reporting person]

NAME OF SOURCE OF INCOME	SOURCE'S ADDRESS	DESCRIPTION OF THE SOURCE'S PRINCIPAL BUSINESS ACTIVITY
C + SONS CORP.	PO BOX 2668 FORT MYERS 33902	DEMOLITION/ASBESTOS
DUSTY TRAILS TRAVEL INC	PO BOX 2668 Ft Myers 33902	TRAVEL AGENCY

## PART B -- SECONDARY SOURCES OF INCOME [Major customers, clients, and other sources of income to businesses owned by the reporting person]

NAME OF BUSINESS ENTITY	NAME OF MAJOR SOURCES OF BUSINESS' INCOME	ADDRESS OF SOURCE	PRINCIPAL BUSINESS ACTIVITY OF SOURCE
C + SONS CORP	LEE COUNTY	PO BOX 398 FTMYS	COUNTY GOV'T
"	CITY OF FORT MYERS	PO BOX 2217 - 33902	CITY GOV'T

## PART C -- REAL PROPERTY [Land, buildings owned by the reporting person]

Collins Avenue, Ft Myers 33901
1500 Seaboard St, Ft Myers
VARIOUS LOTS, BLK 26 BUCKINGHAM AIRPARK, FT MYERS
101 NORMANDY DR TAVERNIER FL 33070
9400 CR 78, ALWA FL (HENDRY CO), 33920

FILING INSTRUCTIONS for when and where to file this form are located at the bottom of page 2.

INSTRUCTIONS on who must file this form and how to fill it out begin on page 3.

OTHER FORMS you may need to file are described on page 6.

**PART D — INTANGIBLE PERSONAL PROPERTY** [Stocks, bonds, certificates of deposit, etc.]

TYPE OF INTANGIBLE	BUSINESS ENTITY TO WHICH THE PROPERTY RELATES
CD	OCEANBANK
BANK ACCOUNTS	BANK OF AMERICA
STOCK	CISOUS CORP
STOCK	DUSTY TRAILS TRAVEL INC
STOCK	CAR CENTER INC

**PART E — LIABILITIES** [Major debts]  
NAME OF CREDITOR

ADDRESS OF CREDITOR

FLORIDA GULF BANK	FIRST ST, FORT MYERS FL 33901

**PART F — INTERESTS IN SPECIFIED BUSINESSES** [Ownership or positions in certain types of businesses]

	BUSINESS ENTITY # 1	BUSINESS ENTITY # 2	BUSINESS ENTITY # 3
NAME OF BUSINESS ENTITY	CISOUS CORP	DUSTY TRAILS TRAVEL	CAR CENTER INC
ADDRESS OF BUSINESS ENTITY	PO BOX 2668 - 33902	PO BOX 2668 - 33902	PO BOX 2668 - 33902
PRINCIPAL BUSINESS ACTIVITY	DEMOLITION/ASBESTOS	TRAVEL AGENCY	TRUCK/EQUIP SALES
POSITION HELD WITH ENTITY	PRES	PRES	PRES
I OWN MORE THAN A 5% INTEREST IN THE BUSINESS	YES	YES (SOLD 12/31/02)	YES
NATURE OF MY OWNERSHIP INTEREST	STOCK HOLDER	STOCK HOLDER	STOCK HOLDER

IF ANY OF PARTS A THROUGH F ARE CONTINUED ON A SEPARATE SHEET, PLEASE CHECK HERE ☐

SIGNATURE (required):

Terry L Carbonell

DATE SIGNED (required):

8-22-03

**FILING INSTRUCTIONS:****WHAT TO FILE:**

After completing all parts of this form, including signing and dating it, send back only the first sheet (pages 1 and 2) for filing.

**NOTE:****MULTIPLE FILING UNNECESSARY:**

Generally, a person who has filed Form 1 for a calendar or fiscal year is not required to file a second Form 1 for the same year. However, a candidate who previously filed Form 1 because of another public position must at least file a copy of his or her original Form 1 when qualifying.

**WHERE TO FILE:**

If you were mailed the form by the Commission on Ethics or a County Supervisor of Elections for your annual disclosure filing, return the form to that location.

**Local officers/employees** file with the Supervisor of Elections of the county in which they permanently reside. (If you do not permanently reside in Florida, file with the Supervisor of the county where your agency has its headquarters.)

**State officers or specified state employees** file with the Commission on Ethics, P.O. Drawer 15709, Tallahassee, FL 32317-5709.

**Candidates** file this form together with their qualifying papers.

To determine what category your position falls under, see the "Who Must File" Instructions on page 3.

**WHEN TO FILE:**

**Initially**, each local officer/employee, state officer, and specified state employee must file **within 30 days** of the date of his or her appointment or of the beginning of employment. Appointees who must be confirmed by the Senate must file prior to confirmation, even if that is less than 30 days from the date of their appointment.

**Candidates** for publicly-elected local office must file at the same time they file their qualifying papers.

**Thereafter**, local officers/employees, state officers, and specified state employees are required to file by July 1st following each calendar year in which they hold their positions.

**Finally**, at the end of office or employment, each local officer/employee, state officer, and specified state employee is required to file a final disclosure form (Form 1F) within 60 days of leaving office or employment.