

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90035 050 ****61.25

DOCUMENT # 711069
 1. Entity Name
TAMPA BUILDERS' EXCHANGE, INC.

Principal Place of Business: **605 SO FREMONT AVE TAMPA FL 33606**
 Mailing Address: **605 SO FREMONT AVE TAMPA FL 33606-2401**

853706



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number: **59-0474893**
 Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DIAZ, ELIER
5353 W TYSON AVE
TAMPA FL 33611

7. Name and Address of New Registered Agent
 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]* 5/15/00
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HARDY, JIM	
STREET ADDRESS	4210 EL PRADO BLVD.	
CITY-ST-ZIP	TAMPA FL 33629	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAYWARD, WILLIAM	
STREET ADDRESS	3300 HENDERSON BLVD. #100	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE	T	<input type="checkbox"/> Delete
NAME	GUY, DANA	
STREET ADDRESS	13215 N. NEBRASKA AVE	
CITY-ST-ZIP	TAMPA FL 33612	
TITLE	V	<input type="checkbox"/> Delete
NAME	DIAZ, ELIER	
STREET ADDRESS	5353 W. TYSON AVE.	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, JOHN	
STREET ADDRESS	605 S. FREMONT AVE.	
CITY-ST-ZIP	TAMPA FL 33606	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRAMMER, TOM	
STREET ADDRESS	5313 W CRENSHAW ST.	
CITY-ST-ZIP	TAMPA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

SEE ATTACHED LIST

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/00 (813) 831-7320
 Date Daytime Phone #

CR2E037 (9/99)