

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90017 037 ***150.00

B0023114



DO NOT WRITE IN THIS SPACE

DOCUMENT # J70425

1. Entity Name

ASSURED INTERIOR BUILDING SYSTEMS, INC.

Principal Place of Business

Mailing Address

C/O GEORGE G. WITTE
5714 JASON LEE PLACE
SARASOTA FL 34233-0427

C/O GEORGE G. WITTE
5714 JASON LEE PLACE
SARASOTA FL 34233-3461

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2782222

Applied For
Not Applicable

Zip

Country

Zip

Country

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

WITTE, GEORGE G.
31 INLETS BOULEVARD
NOKOMIS FL 34275

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	VS WITTE, GEORGE G. 31 INLETS BLVD. NOKOMIS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT COURTS, GEORGE T. 512 BAYVIEW AVE. OSPREY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS COURTS, ELIZABETH C. 512 BAYVIEW AVE. OSPREY FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT WITTE, PAMELA S. 31 INLETS BLVD. NOKOMIS FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

Pamela S. Witte

Pamela S. Witte

2/14/00

(941) 921-4767

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)