2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000017653** Mar 17, 2000 8:00 am Secretary of State 1. Entity Name ORANGE LAKE BUILDING MATERIALS, INC. 03-17-2000 90006 036 ***150.00 Principal Place of Business Mailing Address 9121 PINNACLE CIR. 9121 PINNACLE CIR. WINDERMERE FL 34786 WINDERMERE FL 34786-8222 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suitè, Apt. #, etc. Applied For City & State City & State Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JEROUSEK, GREGORY J Street Address (P.O. Box Number is Not Acceptable) 9121 PINNACLE CIR. WINDERMERE FL 34786 Zip Code City 8. The above named entity submits this statement for the purpose of anging its registered office or registered agent, or both, in the State of Florida. SIGNATURE d agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 İntangible This corporation is eligible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees v (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Presiden Delete TITLE Jerousek NAME NAME Pinnacle Cr. STREET ADDRESS STREET ADDRESS 912 CITY-ST-ZIP CITY-ST-ZIP Change Addition lice President TITLE Delete TITLE trick E. Turner NAME NAME 348 12P x0 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 poort as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attach report with an address? with all other like empowered.

SIGNATURE:

SIGNAYORE AND TYPEU ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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401)230-0560

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