

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90064 036 ***150.00

055027 AV

DOCUMENT # 145167

1. Entity Name
CBS BUILDERS SUPPLY, INC.

Principal Place of Business
1000 CARROLL ST.
P O BOX 120158
CLERMONT FL 34712-7158

Mailing Address
1000 CARROLL ST.
P O BOX 120158
CLERMONT FL 34712-7158
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-0540616**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

WALLACE, DENISE W
1000 CARROLL STREET
CLERMONT FL 34711

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, 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

TITLE	PO	<input type="checkbox"/> Delete
NAME	WOLFE, LAWSON L	
STREET ADDRESS	1000 CARROLL ST.	
CITY-ST-ZIP	CLERMONT FL 34712-7158	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WOLFE, LAWSON L II	
STREET ADDRESS	1000 CARROLL ST.	
CITY-ST-ZIP	CLERMONT FL 34712-7158	
TITLE	STD	<input type="checkbox"/> Delete
NAME	WALLACE, DENISE W	
STREET ADDRESS	1000 CARROLL ST.	
CITY-ST-ZIP	CLERMONT FL 34712-7158	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	VT-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wallace, Denise W	
STREET ADDRESS	1000 Carroll St.	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Haddox, Tina S	
STREET ADDRESS	1000 Carroll Street	
CITY-ST-ZIP	CLERMONT FL 34711	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Denise W. Wallace

Date **2/4/02**

Daytime Phone # **(352) 394-2116**

CR2E034 (9/01)