

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 19, 2001 8:00 am
Secretary of State

04-27-2001 90373 035 ***150.00

DOCUMENT # 146980
 1. Entity Name
DEERFIELD BUILDERS SUPPLY CO., INC.

Principal Place of Business 77 S E 2ND AVENUE DEERFIELD BEACH FL 33441	Mailing Address 77 S E 2ND AVENUE DEERFIELD BEACH FL 33441
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2. Principal Place of Business DEERFIELD BEACH	3. Mailing Address 77 SE 2ND AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DEERFIELD BEACH	City & State DEERFIELD BEACH
Zip 33441	Country BROWARD
Zip 33441	Country US

4. FEI Number 59-0554150	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
DIETRICH, EDWARD H.
19780 118TH TRAIL, SOUTH
BOCA RATON FL 33498

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 EHD X
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reissuing) 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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	CTD DIETRICH, E P 72 NE 11TH WAY DEERFIELD BCH., FL 00000 33441 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DIETRICH, E H 72 NE 11TH WAY DEERFIELD BCH., FL 00000 33441 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DIETRICH, PATRICIA A 77 SE 2ND AVE DEERFIELD BCH., FL 00000 33441 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (10/00)

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] **DIETRICH** 5-14-01 (252) 427-1010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #