

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 223412

1. Entity Name

COMBS LUMBER AND SUPPLY INC

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90044 028 ***150.00

Principal Place of Business

Mailing Address

300 NW 8TH AVE
 PO BOX 1289
 GAINESVILLE FL 32601

300 NW 8TH AVE
 PO BOX 1289
 GAINESVILLE FL 32601-4287

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0867245

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

COMBS, WILLIAM S.
 300 NW 8TH AVE
 GAINESVILLE FL 32601

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 PD ☐ Delete

NAME COMBS, WILLIAM S.
 STREET ADDRESS 300 NW 8TH AVE
 CITY-ST-ZIP GAINESVILLE FL

TITLE VPT ☒ Delete

NAME LUEBEN, L. A.
 STREET ADDRESS 300 NW 8TH AVE
 CITY-ST-ZIP GAINESVILLE, FL 00000

TITLE ☐ Delete

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete

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TITLE ☐ Delete

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TITLE ☐ Delete

NAME
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

William S. Combs
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/00

352 376 7546

CR2E034 (9/99)