04-22-2003 90055 024 ***150.00

Apr 22, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 247884



1. Entity Name BUILDING SUPPLY CREDIT ASSN OF SARA-MANA INC Principal Place of Business Mailing Address 2122 10TH STREET PO BOX 49123 11006027 SARASOTA FL 34237 SARASOTA FL 34230-6123 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For City & State City & State 59-0931573 Not Applicable Zip Country 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 Name LEUTHOLD, PATRICIA W Street Address (P.O. Box Number is Not Acceptable) **2122 10TH STREET** SARASOTA FL 34237 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE TITLE Addition ☐ Delete NAME AVERY, MARK NAME JOHN MILLER STREET ADDRESS 3800 DEER DR STREET ADDRESS 8283 VICO COURT CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34240 SARASOTA TITLE V P D TITLE ☐ Delete ☐ Addition 📈 Change MARK AVERY NAME WATKINS, PAT NAME 800 Dear DR STREET ADDRESS 5330 PINKNEY AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SARASOTA FL 34233 TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME KAUFFMAN, RONALD G NAME STREET ADDRESS STREET ADDRESS 1035 N LIME CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL TITLE Delete TITLE Change ☐ Addition **VPD** NAME LUND, DENICE NAME STREET ADDRESS STREET ADDRESS 1133 4TH ST, STE 300 CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME FULTON, GEMMA STREET ADDRESS STREET ADDRESS 3801 N. ORANGE AVE. CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL TITLE ☐ Delete TITLE ☐ Change Addition NAME LEUTHOLD, PATRICIA W NAME STREET ADDRESS STREET ADDRESS **2122 10TH STREET** CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL

12. Thereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachmen

SIGNATURE: A