2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

IGNATURE AND TYRED OR PRINTED NAME OF SIGNING OFFICER

FILED DOCUMENT # 355333 Mar 06, 2000 8:00 am **Secretary of State BUILDING MATERIALS CENTER INC** 03-06-2000 90050 050 ***150.00 Principal Place of Business Mailing Address 6971 W NASA BLVD 6971 W NASA BLVD W. MELBOURNE FL 32904-2256 W. MELBOURNE FL 32904 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1277827 Not Applicable Ζiρ Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WARDMAN, LEONARD D. Street Address (P.O. Box Number is Not Acceptable) 414 FINCH DRIVE SATELLITE BEACH FL 32937 Zin Code City FL 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE ☐ Change ☐ Addition ☐ Delete TITLE WARDMAN, LEONARD D NAME NAME 414 FINCH DRIVE STREET ADDRESS STREET ADDRESS SATELLITE BEACH FL 32937 CITY-ST-ZIP CITY-ST-7IP ☐ Addition Change TITLE ☐ Delete TITLE ROBERTSON, DOUGLAS G NAME NAME 618 SUGAR PINE DRIVE STREET ADDRESS STREET ADDRESS WEST: MELBOURNE FL-32904 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE MATTHEWS, EARL E III NAME NAME 560 LAKE ASHLEY CIRCLE STREET ADDRESS STREET ADDRESS WEST MELBOURNE FL 32904 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

R OR DIRECTOR

WARDMAN