FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 03, 2001 8:00 am Secretary of State **DOCUMENT # 355333** 1. Entity Name **BUILDING MATERIALS CENTER INC** 4-03-2001 90027 016 ***150.00 Principal Place of Business Mailing Address 6971 W NASA BLVD 6971 W NASA BLVD W. MELBOURNE FL 32904 W. MELBOURNE FL 32904 C0040385 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-1277827 Not Applicable Žip Country 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 ~WARDMAN;-LEONARD.D. Street Address (P.O. Box Number is Not Acceptable) 414 FINCH DRIVE SATELLITE BEACH FL 32937 Zip Code City 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) 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, 2001 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 12. ☐ Change TITLE ☐ Delete TITLE WARDMAN, LEONARD D NAME NAME STREET ADDRESS 414 FINCH DRIVE STREET ADDRESS CITY-ST-ZIP SATELLITE BEACH FL 32937 CITY-ST-ZIP Change TITLE TITLE Delete ROBERTSON, DOUGLAS G NAME NAME STREET ADDRESS 618 SUGAR PINE DRIVE STREET ADDRESS 2621 Creeked Antler Drive CITY-ST-7IP WEST MELBOURNE FL 32904 CITY-ST-ZIP Melbeurne, Fl. 32934 □ Change ☐ Addition TITLE TITLE . Delete MATTHEWS, EARL E III NAME NAME STREET ADDRESS 560 LAKE ASHLEY CIRCLE STREET ADDRESS CITY-ST-ZIP WEST MELBOURNE FL 32904 CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME 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 ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR FONARD MADD

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changed, or on an attachment with an alidress,

SIGNATURE: