

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 358859

1. Entity Name

WEST BUILDING MATERIALS OF FLORIDA, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90036 017 ***150.00

Principal Place of Business

Mailing Address

5775 GLENRIDGE DR. BLDG D
SUITE 500
ATLANTA GA 30328
US

5775 GLENRIDGE DR. BLDG D
SUITE 500
ATLANTA GA 30328-5380
US

2. Principal Place of Business

1690 Northeast Expressway
Suite, Apt. #, etc.

3. Mailing Address

← SAME
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ATLANTA, GA

City & State

← SAME

4. FEI Number

58-1080903

Applied For

Not Applicable

Zip

30329

Country

Zip

← SAME

Country

← SAME

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

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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	P	<input type="checkbox"/> Delete
NAME	WEST, G. VINCENT	
STREET ADDRESS	5775 GLENRIDGE DR, BLDG D, STE 500	
CITY-ST-ZIP	ATLANTA GA	
TITLE	C	<input type="checkbox"/> Delete
NAME	WEST, G V	
STREET ADDRESS	1100 CIRCLE 75 SUITE 760	
CITY-ST-ZIP	ATLANTA GA	
TITLE	T	<input type="checkbox"/> Delete
NAME	CROSTA, EDWARD A	
STREET ADDRESS	5775 GLENRIDGE DR, BLDG D, STE 500	
CITY-ST-ZIP	ATLANTA GA	
TITLE	S	<input type="checkbox"/> Delete
NAME	CROSTA, EDWARD A.	
STREET ADDRESS	5775 GLENRIDGE DR, BLDG D, STE 500	
CITY-ST-ZIP	ATLANTA GA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	1690 Northeast Expressway
CITY-ST-ZIP	ATLANTA, GA 30329
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	SAME AS ABOVE
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	SAME AS ABOVE
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	SAME AS ABOVE
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 of 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 individual is authorized 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 to this report as required by Chapter 607, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)