

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 26, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # 376170**

1. Entity Name

UNITED STATES BUILDING COMPANY



Principal Place of Business

523 S WASHINGTON BLVD  
% SEYMOUR SY SHERR  
SARASOTA, FL 34236-7104

Mailing Address

523 S WASHINGTON BLVD  
% SEYMOUR SY SHERR  
SARASOTA, FL 34236-7104

**DO NOT WRITE IN THIS SPACE**



02222005 No Chg-P CR2E034 (10/03)

4. FEI Number  
59-1378008

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHERR, SEYMOUR SY  
523 S. WASHINGTON BLVD.  
SARASOTA, FL 34236

**DO NOT WRITE  
IN THIS SPACE**

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**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SHERR, SEYMOUR SY
STREET ADDRESS	523 SO. WASHINGTON BLVD.
CITY-STATE-ZIP	SARASOTA, FL
TITLE	STD
NAME	SHERR, LINDA B.
STREET ADDRESS	523 SO. WASHINGTON BLVD.
CITY-STATE-ZIP	SARASOTA, FL
TITLE	P
NAME	SHERR, SEYMOUR SY
STREET ADDRESS	523 S WASHINGTON
CITY-STATE-ZIP	SARASOTA, FL 34236
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

700000244979  
02/26/05-80006-W08 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*SEYMOUR SY SHERR* 2/24/05 941-388-5377

Date

Daytime Phone #