

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 434089

1. Entity Name
BELLEVIEW BUILDING MATERIALS, INC.



Principal Place of Business
11655 SE HWY 441
P.O. BOX 128
BELLEVIEW FL 34421-7128

Mailing Address
11655 SE HWY 441
P.O. BOX 128
BELLEVIEW FL 34421-7128

2. Principal Place of Business
11655 SE HWY 441
Suite, Apt. #, etc.

3. Mailing Address
PO BOX 128
Suite, Apt. #, etc.

City & State
BELLEVIEW, FLA.
Zip
34420
Country
USA

City & State
BELLEVIEW, FLA.
Zip
34421
Country
USA

4. FEI Number 59-1481598

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

GOOLSBY, RICHARD H
5837 SE 126TH ST
BELLEVIEW FL 34420

7. Name and Address of New Registered Agent

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. 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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PST
STREET ADDRESS GOOLSBY, RICHARD H
CITY-ST-ZIP 5837 SE 126TH ST
BELLEVIEW FL 34420 ☐ Delete

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Richard H. Goolsby (PRES) 1-5-03 352-245-5196

Date

Daytime Phone #

CR2E034 (10/02)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90017 031 ***150.00



☐ CHECK HERE IF MAKING CHANGES