

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2000 8:00 am
Secretary of State

04-01-2000 90001 001 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 446186

1. Entity Name

SQUARE BUILDERS OF ORMOND BEACH, INC.

Principal Place of Business

Mailing Address

1980 N. ATLANTIC AVENUE

1980 N. ATLANTIC AVENUE

SUITE 918

SUITE 918

COCOA BEACH FL 32931

COCOA BEACH FL 32931-3277

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1519886

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

KETCHAM, RODNEY S.
1980 NORTH ATLANTIC AVENUE
SUITE 918
COCOA BEACH FL 32931

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	SD	<input type="checkbox"/> Delete
NAME	LIEBEL, ROBIN	
STREET ADDRESS	1980 N ATLANTIC AVE	
CITY-ST-ZIP	COCOA BEACH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LEIBEL, QUEENIE S.	
STREET ADDRESS	1980 N. ATLANTIC AVENUE	
CITY-ST-ZIP	COCOA BEACH, FL 0	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: *X Robin Liebel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar. 16, 2000 *416-487-7237*

Date

Daytime Phone #

CR2E034 (9/99)