

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 459045

1. Entity Name

AMERICAN LUMBER AND SUPPLY OF FLORIDA, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90275 033 ***150.00

Principal Place of Business

1063 NE 43RD STREET
OAKLAND PARK FL 33334

Mailing Address

1063 NE 43RD STREET
OAKLAND PARK FL 33334-3805
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1541880**

Applied For
Not Applicable

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

OSINSKI, VAL
9720 WEST SAMPLE ROAD
CORAL SPRINGS FL 33065

Name **Don E Knight**
Street Address (P.O. Box Number is Not Acceptable)
1063 NE 43 ST
City **OAKLAND PK FL FL** Zip Code **33334**

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/13/00**

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	ST	<input checked="" type="checkbox"/> Delete
NAME	KNIGHT, DON E	
STREET ADDRESS	1063 NE 43RD ST	
CITY-ST-ZIP	OAKLAND PARK FL 33334	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SAPIA, DIANNE	
STREET ADDRESS	818 FAIRWAY DR	
CITY-ST-ZIP	PLANTATION, FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	KNIGHT, KIP	
STREET ADDRESS	811 SE 22 AVE #4	
CITY-ST-ZIP	POMPANO BEACH FL 33062	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Don E. Knight	
STREET ADDRESS	1063 NE 43 ST	
CITY-ST-ZIP	OAKLAND PK FL 33334	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Don E Knight	
STREET ADDRESS	" "	
CITY-ST-ZIP	" "	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/00
Date

954-630-3505
Daytime Phone #

CR2E034 (9/99)