

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 636261

1. Entity Name

Cornerstone Builders Inc.

Principal Place of Business

Mailing Address

FILED

May 09, 2000 8:00 am  
Secretary of State

05-09-2000 90016 013 \*\*\*150.00

2. Principal Place of Business

16016 N.W. 78th Ave

Suite, Apt. #, etc.

3. Mailing Address

SAME 16016 N.W. 78th Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Alachua FL

City & State  
Alachua, FL

4. FEI Number  
59-1930000

Applied For  
Not Applicable

Zip  
32615

Country  
USA

Zip  
32615

Country  
USA

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

6. Name and Address of Current Registered Agent

Seter, William H. Jr.  
10110 San Jose Blvd.  
Jacksonville FL 32257

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.

SIGNATURE EDWARD BAUCK

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/00

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

TITLE	Pres.	<input type="checkbox"/> Delete
NAME	EDWARD BAUCK	
STREET ADDRESS	4446 HENDRICKS AVE #397	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
TITLE	ST.	<input type="checkbox"/> Delete
NAME	STEVEN BARONE	
STREET ADDRESS	4446 HENDRICKS AVE #397	
CITY-ST-ZIP	JACKSONVILLE FL 32207	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD BAUCK	
STREET ADDRESS	16016 N.W. 78th Ave	
CITY-ST-ZIP	ALACHUA FL 32615	
TITLE	ST.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVEN BARONE	
STREET ADDRESS	16016 N.W. 78th Ave	
CITY-ST-ZIP	ALACHUA FL 32615	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

EDWARD BAUCK 4/25/00 904 462-1938

CR2E034 (9/99)