

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 684693

1. Entity Name

BUILDER'S RELATED SERVICES, INC.

FILED

Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90153 010 ***150.00

645120



DO NOT WRITE IN THIS SPACE

Principal Place of Business
POD 820
1339 GREEN ACRES BLVD
FT WALTON FL 32547-1068

Mailing Address
POD 820
1339 GREEN ACRES BLVD
FT WALTON FL 32547-1068

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 59-2257904
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CARNATHAN, H.H.
1339-A GREENACRES BLVD
FT. WALTON FL 32547

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 [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
TITLE NAME STREET ADDRESS CITY-ST-ZIP
SD CARNATHAN, JO ELLEN 369 CANTERBURY CIR. FT. WALTON BCH. FL
PD CARNATHAN, H.H. 169 NW BEAL PKY FT WALTON BCH FL
D CARNATHAN, MAURICE 169 NW BEAL PKY FT WALTON FL

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Change Addition

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] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4/17/2000 Daytime Phone # (850) 862-1721

CR2E034 (9/99)