

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90049 015 ***150.00

DOCUMENT # 1084693

1. Entity Name

Builder's Related Services, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

POD 820 1339 Green Acres Blvd

3. Mailing Address

POD 820 1339 Green Acres Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FL Walton Beach, FL

City & State

FL Walton Beach, FL

4. FEI Number

59-2257904

Applied For

Not Applicable

Zip

FL 32547

Country

USA

Zip

32547

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

H. H. Carnathan

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

1339 A. Green Acres Blvd

City

FL Walton Beach, FL

Zip Code

32547

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)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
Jo Ellen Carnathan
369 Canterbury Circle
FL Walton Bch, FL 32547

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PD
H. H. Carnathan
169 NW Beal Pkwy
FL Walton Bch, FL 32547

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
Maurice Carnathan
169 NW Beal Pkwy
FL Walton Bch, FL 32547

TITLE
NAME
STREET ADDRESS
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IN THIS SPACE**

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 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 #

CR2E034B (12/01)