

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

DOCUMENT # 684693 **AMENDED**

1. Entity Name

Builder's Related Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
505-A Hooper Drive

Suite, Apt. #, etc.

3. Mailing Address
505-A Hooper Drive

Suite, Apt. #, etc.

City & State
Ft. Walton Beach, FL

Zip
32548-4056

Country
USA

City & State
Ft. Walton Beach, FL

Zip
32548-4056

Country
USA

4. FEI Number
59-2257904

Applied For
Not Applicable

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
Clay M. Carnathan

Street Address (P.O. Box Number is Not Acceptable)
505-A Hooper Drive

City Ft. Walton Beach FL Zip Code 32548

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

Clay M. Carnathan Clay M. Carnathan
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

7/10/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

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
P/D
Clay M. Carnathan
505-A Hooper Drive
Ft. Walton Beach, FL 32548

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
500005899575--9
-07/16/02--01041--006
*****26.25 *****26.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/S/D
Jo Ellen Carnathan
369 Canterbury Circle
Ft. Walton Beach, FL 32548

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Clay M. Carnathan Clay M. Carnathan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/02

Date

850-244-1007

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUL 11 PM 4:01

6/21/02 01020 001 \$35.00
DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)