2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 01, 2000 8:00 am
Secretary of State
02-27-2000 90075 006 ****61.25

DOCUMENT # 704141

1. Entity Name

AMERICAN INSTITUTE OF BUILDING DESIGN, FLORIDA S

Principal Place of Business	Mailing Address
973 N HARBOR CITY BLVD MELBOURNE FL 32935	973 N HARBOR CITY BLVD MELBOURNE FL 32935-7014

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
990 N Woodland Blvd	990 N. Woodland Blvd.
Suite, Apt. #, etc.: 2-1	Suite, Apt. #, etc.: 2-1
City & State: Deland Florida	City & State: Deland Florida
Zip: 32720 Country: U.S.A.	Zip: 32720 Country: U.S.A.

4. FEI Number: 65-0039975 ☐ 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
KNICK, BARBARA 973 N HARBOR CITY BLVD MELBOURNE FL 32936	Name: MARK PEMBERTON Street Address (P.O. Box Number is Not Acceptable): 990 N. WOODLAND BLVD. 2-1 City: DeLand FL Zip Code: 32720

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: Mark Pemberton 02-20-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

✓ FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MOREY, TODD 1016 N CLEMONS ST #206 JUPITER FL 33477	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FOUGHT, JOHN 14227 PUFFIN CT. CLEAWATER FL 346222	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD FOUGHT, JOHN 14227 PUFFIN CT. CLEARWATER FL 34622	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KNICK, BARBARA 973 N. HARBOR CITY BLVD. MELBOURNE FL, 32935	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MICKLEY, STEVEN 6223 HEATHER ST PALM BCH GDNS FL 33418	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KNICK, BARBARA 973 N HARBOR CITY BLVD MELBOURNE FL 32935	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PEMBERTON, MARK 990 N. WOODLAND BLVD 2-1 DELAND FL 32720	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 3-16-2000 904-738-4451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #