

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F67050

1. Entity Name

BUILDING MATERIALS OF WEST FLORIDA, INC.

Principal Place of Business

3008 HWY. 95-A SOUTH (CANTONMENT, FL.)
P.O. BOX 7006
PENSACOLA FL 32534-0006

Mailing Address

3008 HWY. 95-A SOUTH (CANTONMENT, FL.)
P.O. BOX 7006
PENSACOLA FL 32534-0006

2. Principal Place of Business

3040 Hwy 95-A South
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 7006
Suite, Apt. #, etc.

City & State

City & State

Pensacola FL

Zip

Country

Zip

32534

Country

USA

4. FEI Number 59-2233733

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

CAMPBELL, C. R.
10391 OLD DAIRY LANE
PENSACOLA FL 32534

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

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, 2001 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	PD	<input type="checkbox"/> Delete
NAME	CAMPBELL, C. R.	
STREET ADDRESS	10391 OLD DAIRY LANE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, ELEANOR FAYE	
STREET ADDRESS	10391 OLD DAIRY LANE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CAMPBELL, CLEVELAND JR.	
STREET ADDRESS	10390 OLD DAIRY LANE	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	WOOD, TRUDY MARIE	
STREET ADDRESS	10391 OLD DAIRY LN	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CAMPBELL, BILLY RAY	
STREET ADDRESS	1340 BRICKTON RD.	
CITY-ST-ZIP	CANTONMENT FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE	1027 BONITA DR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Pensacola, FL 32505	
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 to an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90074 027 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)