

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 02, 2001 8:00 am**  
**Secretary of State**

02-02-2001 90269 002 \*\*\*150.00

**DOCUMENT # F88400**

1. Entity Name  
**BUILDERS BARGAIN SURPLUS, INC.**

Principal Place of Business <b>3045 NE 12TH TERR          OAKLAND PARK FL 33334          US</b>	Mailing Address <b>3045 NE 12TH TERR          OAKLAND PARK FL 33334          US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2809369</b>	Applied For - <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**MUENZENMAIER WILLIAM C  
 3045 NE 12TH TERRACE  
 OAKLAND PARK FL 33334**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_ (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.

**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	DP <input type="checkbox"/> Delete
NAME	<b>MUENZENMAIER, WILLIAM C</b>
STREET ADDRESS	<del>3045 NE 12TH TERRACE</del> <b>1089 SW 25 AVE</b>
CITY-ST-ZIP	<del>OAKLAND PARK FL</del> <b>DEERFIELD BCH FL</b>
TITLE	VS <input type="checkbox"/> Delete
NAME	<b>MUENZENMAIER, JANICE M.</b>
STREET ADDRESS	<del>3045 NE 12TH TERRACE</del> <b>1089 SW 25 AVE</b>
CITY-ST-ZIP	<del>OAKLAND PARK FL</del> <b>DEERFIELD BCH FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUENZENMAIER WILLIAM C</b>
STREET ADDRESS	<b>1089 SW 25 AVE</b>
CITY-ST-ZIP	<b>DEERFIELD BCH FL</b>
TITLE	VS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MUENZENMAIER JANICE M</b>
STREET ADDRESS	<b>1089 SW 25 AVE</b>
CITY-ST-ZIP	<b>DEERFIELD BCH FL</b>
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	

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: William C Muenzenmaier 1/25/01  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)