

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F88400**

1. Entity Name

BUILDERS BARGAIN SURPLUS, INC.**FILED****Feb 02, 2001 8:00 am**
Secretary of State

02-02-2001 90269 002 ***150.00

Principal Place of Business

**3045 NE 12TH TERR
OAKLAND PARK FL 33334
US**

Mailing Address

**3045 NE 12TH TERR
OAKLAND PARK FL 33334
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2809369**

Applied For -

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 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

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 reinstating)

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	DP	<input type="checkbox"/> Delete
NAME	MUENZENMAIER, WILLIAM C	
STREET ADDRESS	3045 NE 12TH TERRACE 1089 SW 25 AVE	
CITY-ST-ZIP	OAKLAND PARK FL 33334 DEERFIELD BCH FL	

TITLE	VS	<input type="checkbox"/> Delete
NAME	MUENZENMAIER, JANICE M.	
STREET ADDRESS	3045 NE 12TH TERRACE 1089 SW 25 AVE	
CITY-ST-ZIP	OAKLAND PARK FL 33334 DEERFIELD BCH FL	

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		

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	MUENZENMAIER William C	
STREET ADDRESS	1089 SW 25 AVE	
CITY-ST-ZIP	DEERFIELD BCH FL	

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

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		<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)