

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000005772

1. Entity Name

YELLOW HAMMER BUILDING SYSTEMS, INC. ✓

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90103 028 ***550.00

Principal Place of Business

2406 HWY 31 S
BAY MINETTE AL 36507

Mailing Address

2406 HWY 31 S
BAY MINETTE AL 36507

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

63-1156749

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

BOWERS, MICHAEL L
600 UNIVERSITY OFFICE PARK
BLDG. 1 SUITE B
PENSACOLA FL 32504

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
P GRISHAM, RALPH
STREET ADDRESS 19304 HEIDLEBURG RD
CITY-ST-ZIP SILVERHILL AL

TITLE NAME ☐ Change ☒ Addition
Director
Bret Berneche
STREET ADDRESS 1203 - Wolf Trap Rd
CITY-ST-ZIP South Boston VA 24592

TITLE NAME ☐ Delete
V,T BERNECHE, NORMAN
STREET ADDRESS 507 LAKEVIEW DR
CITY-ST-ZIP BAY MINETTE AL 36507

TITLE NAME ☐ Change ☐ Addition
O

TITLE NAME ☒ Delete
T STRONG, MARY NELL
STREET ADDRESS 424 WEDGEWOOD DRIVE
CITY-ST-ZIP GULF SHORES AL 36542

TITLE NAME ☐ Change ☐ Addition
f

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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: X

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 Aug 2000

Day

Daytime Phone #

CR2E034 (5/00)