

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000005799

1. Entity Name

WETHERILL BUILDERS SUPPLY, INC.

Principal Place of Business

1101 ENTERPRISE DRIVE
ROYERSFORD PA 19468

Mailing Address

1101 ENTERPRISE DRIVE
ROYERSFORD PA 19468

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

ROMAN, TOM
4210 LB MCLEOD RD., SUITE 113
ORLANDO FL 32811

7. Name and Address of New Registered Agent

Name Patricia McCutcheon
Street Address (P.O. Box Number is Not Acceptable)
4210 LB McLeod Rd., Suite 113
City Orlando FL Zip Code 32811

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 *Patricia McCutcheon* Patricia McCutchen 10-6-2000
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

TITLE	C	<input type="checkbox"/> Delete
NAME	BOTHE, E. MARIE	
STREET ADDRESS	1101 ENTERPRISE DRIVE	
CITY-ST-ZIP	ROYERSFORD PA 19468	
TITLE	VCP	<input type="checkbox"/> Delete
NAME	SWEEN, JEFFREY W	
STREET ADDRESS	1101 ENTERPRISE DRIVE	
CITY-ST-ZIP	ROYERSFORD PA 19468	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	KRAFT, KEVIN K	
STREET ADDRESS	1101 ENTERPRISE DRIVE	
CITY-ST-ZIP	ROYERSFORD PA 19468	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KRAFT, MARIANNE	
STREET ADDRESS	1101 ENTERPRISE DRIVE	
CITY-ST-ZIP	ROYERSFORD PA 19468	
TITLE	S	<input type="checkbox"/> Delete
NAME	CALLIS, MARGO	
STREET ADDRESS	1101 ENTERPRISE DRIVE	
CITY-ST-ZIP	ROYERSFORD PA 19468	
TITLE	T	<input type="checkbox"/> Delete
NAME	GOOD, DUANE A	
STREET ADDRESS	1101 ENTERPRISE DRIVE	
CITY-ST-ZIP	ROYERSFORD PA 19468	

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	President Jeffrey W. Sween	<input checked="" 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 REQUIRED

10/3/00

Date

Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

00 OCT 16 PM 12:12



REINSTATEMENT

00

4. FEI Number 23-3010653

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E034 (5/00)