

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

0620318 AT

DOCUMENT # F99000005799

1. Entity Name

WETHERILL BUILDERS SUPPLY, INC.



04-28-2003 90958 037 ***150.00

Principal Place of Business
**1101 ENTERPRISE DRIVE
ROYERSFORD PA 19468**

Mailing Address
**1101 ENTERPRISE DRIVE
ROYERSFORD PA 19468**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

Zip

Country

Zip

Country

4. FEI Number **23-3010653**

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

**MCCUTCHEON, PATRICIA
4210 LB MCLEOD RD., SUITE 113
ORLANDO FL 32811**

Name **Rick King**
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Rick King** **Rick King** **Branch Manager** **4-24-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CD** ☐ Delete
NAME **BOTHE, E. MARIE**
STREET ADDRESS **1101 ENTERPRISE DRIVE**
CITY-ST-ZIP **ROYERSFORD PA 19468**

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

TITLE **PD** ☐ Delete
NAME **SWEEN, JEFFREY W**
STREET ADDRESS **1101 ENTERPRISE DRIVE**
CITY-ST-ZIP **ROYERSFORD PA 19468**

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

TITLE **SD** ☒ Delete
NAME **CALLIS, MARGO**
STREET ADDRESS **1101 ENTERPRISE DRIVE**
CITY-ST-ZIP **ROYERSFORD PA 19468**

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

TITLE **T** ☒ Delete
NAME **GOOD, DUANE A**
STREET ADDRESS **1101 ENTERPRISE DRIVE**
CITY-ST-ZIP **ROYERSFORD PA 19468**

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

TITLE **VD** ☒ Delete
NAME **KRAFT, MARK S**
STREET ADDRESS **1101 ENTERPRISE DRIVE**
CITY-ST-ZIP **ROYERSFORD PA 19468**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeffrey W. Sween **4/22/03** **406-495-2200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)