

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90104 030 ***150.00

DOCUMENT # F99000006206

1. Entity Name

BUILDER'S IMPORTS, INC.

Principal Place of Business

~~2080 NW 79TH AVENUE~~
~~MIAMI FL 33122~~

Mailing Address

~~2080 NW 79TH AVENUE~~
~~MIAMI FL 33122~~

2. Principal Place of Business

401 N.W. 14 AVENUE

3. Mailing Address

401 N.W. 14 AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

HOMESTEAD FL

City & State

HOMESTEAD FL

Zip **33030**

Country

Zip **33030**

Country

4. FEI Number

54-1810924

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STUTTS, CLIFF

~~2080 NW 79TH AVENUE~~
~~MIAMI FL 33122~~

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

401 N.W. 14 AVENUE

City

HOMESTEAD

FL

Zip Code

33030

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, 2002 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 **PST** ☐ Delete
NAME **STUTTS, DAVID A**
STREET ADDRESS **1441 DOLLEY MADISON BLVD.**
CITY-ST-ZIP **MCLEAN VA 22101**

TITLE **V** ☐ Delete
NAME **STUTTS, CLIFFORD E**
STREET ADDRESS ~~2080 NW 79TH AVENUE~~
CITY-ST-ZIP ~~MIAMI FL 33122~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **401 N.W. 14 AVENUE**
CITY-ST-ZIP **HOMESTEAD FL 33030**

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

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

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

TITLE ☐ Change ☐ 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 another life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

01-11-02 305-242-6437

CR2E034 (9/01)