

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H12058

1. Entity Name
UNITED BUILDING PRODUCTS, INC.

FILED
May 12, 2001 8:00 am
Secretary of State

05-12-2001 90021 006 ***150.00

Principal Place of Business

3510 N MONROE STREET
TALLAHASSEE FL 32303-757
US

Mailing Address

3510 N. MONROE ST
320 W. PARK AVENUE
TALLAHASSEE FL 32303
US

2. Principal Place of Business

3510 N MONROE STREET

Suite, Apt. #, etc.

3. Mailing Address

3510 N MONROE STREET

Suite, Apt. #, etc.

City & State

TALLAHASSEE FL

City & State

TALLAHASSEE FL

4. FEI Number

59-2810227

Applied For

Not Applicable

Zip

32303-2745

Country

US

Zip

32303-2745

Country

US

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

MUNROE, W. BRADLEY
329 EAST VIRGINIA STREET
TALLAHASSEE FL 32301

Name

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

239 EAST VIRGINIA STREET

City

TALLAHASSEE

FL

Zip Code

32301

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **CARNES, ROBERT T.**
STREET ADDRESS **3510 N. MONROE ST**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

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

TITLE **VP** ☐ Delete
NAME **CARNES, WILLIAM B**
STREET ADDRESS **808 E. 6TH AVE**
CITY-ST-ZIP **TALLAHASSEE FL 32303**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE:

Robert T. Carnes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01
Date

(850)562-3510
Daytime Phone #

CR2E034 (10/00)