

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H24306

1. Entity Name

CORNERSTONE BUILDING SYSTEMS, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90365 018 ***150.00

Principal Place of Business	Mailing Address
1909 LAKE ALMA DR. APOPKA FL 32712-3213	1909 LAKE ALMA DR. APOPKA FL 32712-3213

2. Principal Place of Business	3. Mailing Address
409 MONTGOMERY RD Suite, Apt. #, etc. SUITE 135 City & State APT 5P6'S FL Zip 32714 Country USA	P.O. Box 916297 Suite, Apt. #, etc. City & State LONGWOOD FL Zip 32791 Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-2460196	Applied For
		Not Applicable

5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required
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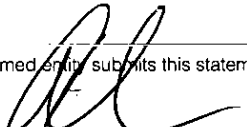
6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, CHARLES D.
1909 LAKE ALMA DR.
APOPKA FL 32712

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  DATE 5/1/00

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

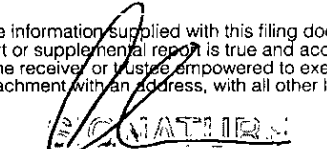
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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																								
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/00 407 889 7109
Date Daytime Phone #

CR2E034 (9/99)