

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H63921

1. Entity Name

ARMCO BUILDERS, INC. OF CLAY COUNTY

Principal Place of Business

Mailing Address

2575 CR 220  
SUITE 106  
MIDDLEBURG FL 32068  
US

2575 CR 220  
SUITE 106  
MIDDLEBURG FL 32068-6542  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2544442

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

ANSBACHER, LEWIS  
4215 SOUTHPOINT BLVD.  
SUITE 100  
JACKSONVILLE FL 32216

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

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, 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

TITLE PST  
NAME WRIGHT, LESLIE, JOHN  
STREET ADDRESS 2575 SR 220 SUITE 106  
CITY-ST-ZIP MIDDLEBURG FL

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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Delete

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NAME  
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CITY-ST-ZIP

Change

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 and 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 registrar 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Jan 14, 2000 8:00 am**  
**Secretary of State**

01-14-2000 90027 049 \*\*\*150.00

B0001802



DO NOT WRITE IN THIS SPACE

**SIGN  
& DATE**