

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90067 015 \*\*\*150.00

**A0002187**

DO NOT WRITE IN THIS SPACE

<b>DOCUMENT # H63921</b>			
1. Entity Name <b>ARMCO BUILDERS, INC. OF CLAY COUNTY</b>			
Principal Place of Business <b>2575 CR 220 SUITE 106 MIDDLEBURG FL 32068 US</b>		Mailing Address <b>2575 CR 220 SUITE 106 MIDDLEBURG FL 32068 US</b>	
2. Principal Place of Business <b>3620 Peoria Road</b> Suite, Apt. #, etc.		3. Mailing Address <b>3620 Peoria Rd</b> Suite, Apt. #, etc.	
City & State <b>Orange Park FL</b> Zip <b>32065</b> Country <b>USA</b>		City & State <b>Orange Park, FL</b> Zip <b>32065</b> Country <b>USA</b>	
4. FEI Number <b>59-2544442</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>ANSBACHER, LEWIS 4215 SOUTHPOINT BLVD. SUITE 100 JACKSONVILLE FL 32216</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (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) <input checked="" type="checkbox"/>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PST WRIGHT, LESLIE, JOHN 2575-SR-220-SUITE-106 MIDDLEBURG-FL</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>Leslie John Wright 3620 Peoria Rd. Orange Park FL 32065</b>	
Delete <input type="checkbox"/>		Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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:		Date: <b>1/5/01</b> Daytime Phone #: <b>(904) 276-3011</b>	

CRE034 (10/00)