

DOCUMENT # J88968

1. Entity Name

~~FLORIDA STOREBUILDERS, INC.~~

FS BUILDERS and
ASSOCIATES, INC.

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90009 028 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 5961 CATTLEMEN LANE SARASOTA FL US		Mailing Address 5961 CATTLEMEN LANE SARASOTA FL US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip 34232	Country	Zip 34232	Country
6. Name and Address of Current Registered Agent CIRONE, GARY J. 4227 CARRIAGE ST SARASOTA FL 34241		7. Name and Address of New Registered Agent Name: CIRONE, GARY J. Street Address (P.O. Box Number is Not Acceptable): 5961 CATTLEMEN LANE SARASOTA, FL 34232 City: SARASOTA, FL Zip Code: 34232	
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 type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CIRONE, GARY J. 4227 CARRIAGE ST SARASOTA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARY J. CIRONE 5961 CATTLEMEN LANE SARASOTA, FL. 34232 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address only
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CIRONE, WENDY 4227 CARRIAGE ST SARASOTA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WENDY CIRONE 5961 CATTLEMEN LANE SARASOTA, FL. 34232 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PATRICK A. NEAL 5961 CATTLEMEN LANE SARASOTA, FL. 34232 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DONALD PIERER 5961 CATTLEMEN LANE SARASOTA, FL 34232 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Patrick A. Neal, VP</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		1/3/01 (941) 379-0011 Daytime Phone #	