## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **K05382** Apr 19, 2000 8:00 am Secretary of State 1. Entity Name ST. LUCIE TRUSS CORP. 04-19-2000 90019 008 \*\*\*150.00 Mailing Address Principal Place of Business 10331 LENNARD RD 10331 LENNARD RD PORT ST. LUCIE FL 34952 PORT ST. LUCIE FL 34952-6885 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2867884 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 26.2 Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHARD B. HENRY WHITE, JAMES J Street Address (P.O. Box Number is Not Acceptable) $10331\ LENNARD\ RD$ . 129 NE NARANJA AVE PORT ST. LUCIE FL 34983 City Zip Code 34952 PORT ST. LUCIE 8. The above named entity subhits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. RICHARD B. HENRY, SECRETARY 4-7-00 KNABO SIGNATURE agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Change ☐ Addition X Delete TITLE WHITE, JAMES J II NAME NAME STREET ADDRESS STREET ADDRESS 129 N NARANJA AVE CITY-ST-ZIP CITY-ST-782 PORT ST. LUCIE FL ☐ Addition (X) Change TITLE ☐ Delete TITLE SECRETARY HENRY, RICHARD B NAME NAME RICHARD B. HENRY STREET ADDRESS 654 SE CRESCENT AVE STREET ADDRESS 10331 LENNARD RD. CITY-ST-ZIP CITY-ST-ZIP PT ST LUCIE FL 34984 PORT\_ST.\_LUCIE.\_FL\_ 34952 ST (X) Change ☐ Addition ☐ Delete TITLE PRESIDENT MARK E. CASTO CASTO, MARK E NAME NAME 10331 LENNARD RD. 2657 SW BEAUMONT AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 PORT ST. LUCIE, FL 34952 ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

3. 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 flustee ampowered 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.

STREET ADDRESS CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-ZIP

RICHARD B. HENRY, SECRETARY

4-/-00

Daytime Phone #

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