

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90091 046 ***550.00

DOCUMENT # K91684

1. Entity Name
BUILDERS OF ALL FLORIDA, INC.

Principal Place of Business

**851163 WAY NO.
 PINELLAS PARK FL
 US**

Mailing Address

**P.O. BOX 40206
 ST. PETERSBURG FL 33743
 US**



2. Principal Place of Business

8311-63 Way No

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**Pinellas Park FL
 Zip US Country US**

City & State

Zip Country

4. FEI Number **59-2951299**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**BAULDREE, RANDALL S.
 1248 SHORE DR SOUTH
 UNIT 103
 SAINT PETERSBURG FL 33707**

7. Name and Address of New Registered Agent

Name **RANDALL S. BAULDREE**
 Street Address (P.O. Box Number is Not Acceptable)
1848 Shore Dr So Unit 103
 City **St. Petersburg** FL Zip Code **33707**

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. I am familiar with, and accept the obligations of registered agent **RANDALL S. BAULDREE**

SIGNATURE **Randall S. Bauldree**
 Signature, typed or printed name of registered agent and title if applicable.

Randall S. Bauldree Pres 9-12-02
 (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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE **PSTD** ☐ Delete
 NAME **BAULDREE, RANDALL S.**
 STREET ADDRESS **2241-2ND AVENUE SO.**
 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☒ Change ☐ Addition
 NAME **RANDALL S. BAULDREE**
 STREET ADDRESS **1848 Shore Dr. So Unit 103**
 CITY-ST-ZIP **St Petersburg 33707**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: **RANDALL S. BAULDREE**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-12-02 727-344-2768
 Date Daytime Phone #

CR2E034 (4/02)