

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L85662

1. Entity Name

BUILDER'S CHOICE LUMBER & BUILDING SUPPLIES, INC

FILED
Sep 15, 2000 8:00 am
Secretary of State

09-15-2000 90019 042 ***550.00

Principal Place of Business

2506 N ROOSEVELT BLVD
 KEY WEST FL 33040

Mailing Address

2506 N ROOSEVELT BLVD
 KEY WEST FL 33040

2. Principal Place of Business

3. Mailing Address

BUILDER'S CHOICE
7. HAROLD P KRAVITZ
7600 W 20TH AVE # 223

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

HIALEAH, FL

Zip

Country

Zip

Country

33016

USA

4. FEI Number

65-0205977

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

KRAVITZ, HAROLD P
7600 W 20TH AVE
#223
HIALEAH FL 33016

3. 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 \$550.00
After SEPTEMBER 13, 2000 Min. 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **RILEY, PETER**
 CITY-ST-ZIP **115 PRIMROSE LANE**
LAYTON FL

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

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **GARDNER, RICHARD**
 CITY-ST-ZIP **18 EL MONTE LANE**
KEY WEST FL

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

TITLE ☐ Delete
 NAME **DVP**
 STREET ADDRESS **KRAVITZ, HAROLD P**
 CITY-ST-ZIP **7600 W 20TH AVE**
HIALEAH FL

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

TITLE ☐ Delete
 NAME **CD**
 STREET ADDRESS **FOTI, GEORGE L**
 CITY-ST-ZIP **PO BOX 222**
GALLATIN GATEWAY MT 59730

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 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:

GEORGE L FOTI 9/12/00 406-763-4190
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT
 Date Daytime Phone #

CR2E034 (5/00)