

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90048 048 ***150.00

U/114/0 P. 1

DOCUMENT # M84202
 1. Entity Name
BUILDING PRODUCTS ETC., INC.

Principal Place of Business 614 FERN AVE P.O. BOX 169 DAYTONA BEACH FL 32115	Mailing Address P.O. BOX 169 P.O. BOX 169 DAYTONA BEACH FL 32115 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**SPOTTS, ROBERT
 2900 OCEAN SHORE BLVD.
 #101
 ORMOND BEACH FL 32174**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** 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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	I	<input type="checkbox"/> Delete
NAME	SPOTTS, MAUREEN M.	
STREET ADDRESS	PO BOX 169	
CITY-ST-ZIP	DAYTONA BCH FL 32115	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	LESSER, PAMELA	
STREET ADDRESS	1667 N PINEAPPLE RD	
CITY-ST-ZIP	EDGEWATER FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HUGHART, PAUL	
STREET ADDRESS	700 ESPANOLA AVENUE #C	
CITY-ST-ZIP	ORMOND BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	HUGHART, KEN	
STREET ADDRESS	1225 DAVID DRIVE	
CITY-ST-ZIP	HOLLY HILL FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACEY, DAWN	
STREET ADDRESS	3645 NANTUCKET ISL. DR. APT. #106	
CITY-ST-ZIP	APT Orange, FL 32129	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 life empowered.

SIGNATURE: *Maureen M. Spotts* _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)