

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12923

1. Entity Name

SOUTH FLORIDA TRUSS AND COMPONENT MANUFACTURERS

Principal Place of Business

98 AZALEA CIRCLE
BOYNTON BEACH FL 33436
US

Mailing Address

98 AZALEA CIRCLE
BOYNTON BEACH FL 33436
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0038566

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAWSON, JOE
98 AZALEA CIRCLE
BOYNTON BEACH FL 33436

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME CRUZE, KIRK
STREET ADDRESS HALF MILE LUMBER 9500 W ATLANTIC AVE
CITY-ST-ZIP DELRAY BEACH FL

TITLE P ☐ Delete
NAME BECHT, BOB
STREET ADDRESS CHAMBERS TRUSS 3165 OLEANDER
CITY-ST-ZIP FT PIERCE FL 34982

TITLE D ☐ Delete
NAME RUEDE, MIKE
STREET ADDRESS A1 ROOF TRUSSES, 199 PIKE ROAD
CITY-ST-ZIP WEST PALM BEACH FL

TITLE T ☐ Delete
NAME LAWSON, JOE
STREET ADDRESS 98 AZALEA CIRCLE
CITY-ST-ZIP BOYNTON BEACH FL

TITLE S ☐ Delete
NAME BECK, TINA
STREET ADDRESS A-1 ROOF TRUSS 189 PIKE RD
CITY-ST-ZIP WEST PALM BEACH FL

TITLE V ☐ Delete
NAME BEEKARDO, LOU
STREET ADDRESS HALF MILE LUMBER 9500 W ATLANTIC
CITY-ST-ZIP DELRAY BEACH FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

☐ Change ☐ Addition

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Joe Lawson

5-17-01

51-724-5700

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90344 016 ****61.25

658905



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)