

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N12923

1. Entity Name

SOUTH FLORIDA TRUSS AND COMPONENT MANUFACTURERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

98 AZALEA CIRCLE
BOYNTON BEACH FL 33436
US

98 AZALEA CIRCLE
BOYNTON BEACH FL 33436
US

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

65-0038566

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

LAWSON, JOE
98 AZALEA CIRCLE
BOYNTON BEACH FL 33436

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRUZE, KIRK HALF MILE LUMBER 9500 W ATLANTIC AVE DELRAY BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BECHT, BOB CHAMBERS TRUSS 3165 OLEANDER FT. PIERCE FL 34982	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUEDE, MIKE A1 ROOF TRUSSES, 199 PIKE ROAD WEST PALM BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAWSON, JOE 98 AZALEA CIRCLE BOYNTON BEACH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BECK, TINA A-1 ROOF TRUSS 189 PIKE RD WEST PALM BEACH FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BEEKARDO, LOU HALF MILE LUMBER 9500 W ATLANTIC DELRAY BEACH FL	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S Becht, Bob CHAMBERS TRUSS 3165 OLEANDER FT. PIERCE FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition P KEN BECHT BUCKER A-1 ROOF TRUSS, P.O. Box 880 Boynton Beach, FL 33485
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition UP SCOTT EVERT CHAMBERS TRUSS, 3165 OLEANDER FT. PIERCE FL 34982
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D BRAD LAMBERT SIMPSON STRONG TIE 1720 COUGH DR. MCKINNEY, TX 75069

CR2E037 (4/02)

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/2002 561-754-5208

Date

Daytime Phone #

FILED
Aug 06, 2002 8:00 am
Secretary of State

07-17-2002 90129 035 ****61.25

40726



DO NOT WRITE IN THIS SPACE