

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 15, 2000 8:00 am
Secretary of State

02-15-2000 90048 016 ****61.25

DOCUMENT # N47953

1. Entity Name

BUILDERS OF MARCO, INC.

Principal Place of Business

Mailing Address

**606 BALD EAGLE DR.
SUITE 500
MARCO ISLAND FL 33937
US****P.O. BOX ONE
606 BALD EAGLE DR. SUITE 500
MARCO ISLAND FL 34145-2790
US**

00000000



DO NOT WRITE IN THIS SPACE

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

65-0315479

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

**WOODWARD, CRAIG R.
606 BALD EAGLE DRIVE
SUITE 500
MARCO ISLAND FL 33937**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	MACALUSO, ROBERT	870 BALD EAGLE DR #B5	MARCO ISLAND FL	<input type="checkbox"/>
D	TAYLOR, LARRY	911 MOON COURT	MARCO ISLAND FL	<input type="checkbox"/>
D	SLOCUM, JOHN	960 N. COLLIER BVD.	MARCO ISLAND FL	<input type="checkbox"/>
D	SCHNEIDER, GREG	25 FRONT STREET	MARCO ISLAND FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E037 (9/99)

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

Date

Daytime Phone #