

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90002 001 *****61.25

0086177

DOCUMENT # N47953

1. Entity Name

BUILDERS OF MARCO, INC.

Principal Place of Business

606 BALD EAGLE DR.
 SUITE 500
 MARCO ISLAND FL 33937
 US

Mailing Address

P.O. BOX ONE
 606 BALD EAGLE DR. SUITE 500
 MARCO ISLAND FL 33969
 US

907030

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
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| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 a, or other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/01 (941)642-4442

Date

Daytime Phone #

CR2E037 (10/00)