

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000415

1. Entity Name

SOUTHEASTERN TRUSS MANUFACTURERS, INC.

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90015 039 ****61.25

Principal Place of Business

1867 OLD TOMOKA RD
ORMOND BEACH FL 32174
US

Mailing Address

1867 OLD TOMOKA RD
ORMOND BEACH FL 32174
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 730714

Suite, Apt. #, etc.

City & State

ORMOND BEACH, FL

Zip

32173-0714

Country

USA

4. FEI Number

59-3165552

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

MULLINS, MIKE L
1867 OLD TOMOKA ROAD
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

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
After September 13, 2000 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

TITLE DST
NAME MULLINS, MIKE L ☐ Delete
STREET ADDRESS 1867 OLD TOMOKS RD
CITY-ST-ZIP ORMOND BEACH FL

TITLE DP
NAME BROWN, RICHARD ☒ Delete
STREET ADDRESS 1735 HWY. 80 S.
CITY-ST-ZIP LOGANVILLE GA 32049

TITLE D
NAME COTANDA, DIONAL ☐ Delete
STREET ADDRESS 1735 131ST AVE.
CITY-ST-ZIP TAMPA FL 33682

TITLE DV
NAME LACHAPPELLE, DOUG ☐ Delete
STREET ADDRESS 2180 SANTA PAULA DR
CITY-ST-ZIP DUNEDIN FL 34698

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE DIRECTOR ☒ Change ☐ Addition
NAME TERRY BURCAW
STREET ADDRESS 13601 US HWY 41
CITY-ST-ZIP SPRING HILL, FLORIDA 34610

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/00)