

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000007877

1. Entity Name

EIFS SPEC, INC.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90001 012 ***150.00

Principal Place of Business 7441 NORTHWEST 4TH STREET PLANTATION FL 33317-2204	Mailing Address 7441 NORTHWEST 4TH STREET PLANTATION FL 33317-2204
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2. Principal Place of Business 4229 Northeast 6th Avenue	3. Mailing Address 217 Northeast 32nd Court
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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Fort Lauderdale, Florida

City & State
Oakland Park, Florida

4. FEI Number
65-0975782

Applied For
Not Applicable

Zip
33334

Country
USA

Zip
33334

Country
USA

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

BELCHER, JOHN
7441 NORTHWEST 4TH STREET
PLANTATION FL 33317-2204

Name
Street Address (P.O. Box Number is Not Acceptable)
4229 Northeast 6th Avenue

City
Fort Lauderdale FL Zip Code
33334

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST John Belcher 4229 Northeast 6th Avenue Fort Lauderdale, Florida 33334 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John Belcher

(954) 630-3461

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)