

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000032455

1. Entity Name

TEMPLAR BUILDERS, INC.

Principal Place of Business

222 LAKEVIEW AVENUE, SUITE 260
WEST PALM BEACH FL 33401

Mailing Address

222 LAKEVIEW AVENUE, SUITE 260
WEST PALM BEACH FL 33401

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

LARRY M. MESCHES, P.A.
222 LAKEVIEW AVENUE, SUITE 260
WEST PALM BEACH FL 33401

4. FEI Number

65-1003650

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

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

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

TITLE	President	<input type="checkbox"/> Delete
NAME	Glenn Linton Day, Jr	
STREET ADDRESS	905 Poplar Drive	
CITY-ST-ZIP	Lake Park, FL 33403	
TITLE	Walter J. Elliott, IV	<input type="checkbox"/> Delete
NAME	Vice President	
STREET ADDRESS	2611 Old Okeechobee Rd.	
CITY-ST-ZIP	West Palm Beach, FL 33402	
TITLE	Windsor D. Coffin	<input type="checkbox"/> Delete
NAME	Secretary	
STREET ADDRESS	2611 Old Okeechobee Rd.	
CITY-ST-ZIP	West Palm Beach, FL 33402	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALTER J. ELLIOTT

1-31-01

861-242-4961

Date

Daytime Phone #

FILED
Jul 06, 2001 8:00 am
Secretary of State

07-06-2001 90206 046 ***150.00

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DO NOT WRITE IN THIS SPACE

CR2034 (10/00)